


DATE PRESENTING CLINICAL SIGNS

5/5/22

History: Coughing, wheezing. Improvement with Lasix 6.25 mg SID. Radiograph show cardiomegaly and pulmonary interstitial and bronchial patterns. ECG showed APCs.

ECHOCARDIOGRAPHIC FINDINGS
PERFORMED BY:

2D, M-mode, and Doppler study.

Loetitia Saint-Jacques, RVT

There is mild left atrial dilation. The mitral valve appears normal, though mild mitral regurgitation is present. Left ventricular wall thickness is normal. Left ventricular internal dimensions are normal. Left ventricular systolic function is hyperdynamic. The aorta and aortic valve are normal.

INTERPRETED BY

Right atrial and right ventricular dimensions are normal. The tricuspid valve is normal. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

Keith Blass, DVM, MS, DACVIM (Cardiology)

PATIENT

Nightrider Sammies Friends Shelter

 LA/Ao – 1.53
 IVSd – 5.2 mm
 LVPWd – 4.5 mm
 LVIDd – 12.1 mm
 LVIDs – 5.4 mm
 FS – 55%
 LVOT – 1.30 m/s
 RVOT – 1.19 m/s

SPECIES

Feline

ASSESSMENT/RECOMMENDATIONS

This examination demonstrates mild dilation of Nightrider's left atrium, with differentials for this finding including a restrictive cardiomyopathy (RCM), atrial myopathy, and cardiac thyrotoxicosis. While only mild dilation is present, Nightrider's clinical improvement suggests that the interstitial pattern in his radiographs is due to the presence of cardiogenic pulmonary edema, though, given that a bronchial pattern was also present, concurrent asthma/bronchitis cannot be ruled out. Nightrider's current risk for the development of cardiac thrombus formation is also mildly increased, therefore, careful monitoring for clinical signs associated with this condition is recommended.

BREED

DMH

SEX

M

A T4 level is recommended.

AGE

10 y

Continued use of furosemide (6.25 mg SID-BID) is recommended, as is therapy with enalapril (2.5 mg BID) and clopidogrel (18.75 mg SID). No therapy is recommended for Nightrider's APCs at this time.

Recheck radiographs and a renal/electrolyte profile are recommended in 1 week. A recheck echocardiogram and ECG are recommended in 6 months.

WEIGHT

15 lb

HOSPITAL NAME
REFERRING VET

Dr. Janeway



DATE

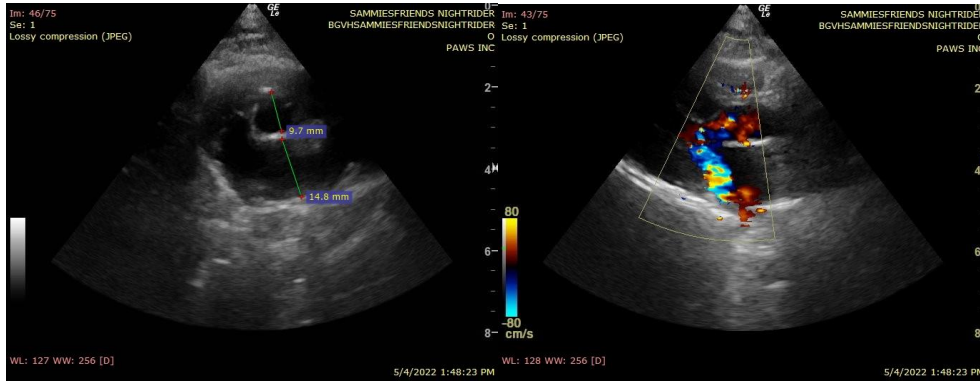
5/5/22

PERFORMED BY:

Loetitia Saint-Jacques, RVT

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)



The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

PATIENT

Nightrider Sammies
Friends Shelter

Keith Blass, DVM, MS, DACVIM (Cardiology)
KeithBlass@gmail.com
631-804-5754

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Feline

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