


**PRESENTING CLINICAL SIGNS**

History: Grade III-IV/VI left-sided murmur. Possible thyroid slip. BUN 38, Cr 2.5.

**DATE**

6/19/23

**ECHOCARDIOGRAPHIC FINDINGS**

2D, M-mode, and Doppler study.

**PERFORMED BY:**

Sara Hansen

**INTERPRETED BY**

 Keith Blass, DVM,  
 MS, DACVIM  
 (Cardiology)

Left atrial size is normal. 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 normal. The aortic valve is normal. There is dilation of the ascending aorta. Right atrial and right ventricular dimensions are normal. The tricuspid valve leaflets are mildly thickened, and a mild jet of tricuspid regurgitation is present. TR velocity does not suggest the presence of pulmonary hypertension. The pulmonary artery and pulmonic valve appear normal, though trace pulmonic insufficiency is present. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

**PATIENT**

Gus Mann

LA - 12.6 mm  
 IVSd - 4.9 mm  
 LVPWd - 4.4 mm  
 LVIDd - 16.8 mm  
 LVIDs - 8.5 mm  
 FS - 49.4%  
 Ao - 12.4 mm  
 LVOT - 1.35 m/s  
 RVOT - 1.10 m/s

**SPECIES**

Feline

**ELECTROCARDIOGRAPHIC FINDINGS**

A single lead ECG is submitted for review.

**BREED**

HR: 188 bpm  
 Rhythm: Sinus

**DSH**

Normal sinus rhythm is present throughout this recording. All complex amplitudes and intervals are within normal limits. No premature beats or conduction blocks are seen.

**SEX**
**ASSESSMENT/RECOMMENDATIONS**
**MN**

Gus's echocardiogram demonstrates mild regurgitation of blood across his mitral valve. The hemodynamic effects of the regurgitations also appear to be mild, as Gus does not have secondary dilation of either of his left heart chambers. As such, Gus's current risk for the development of clinical signs secondary to his regurgitation, such as labored breathing, syncope, and/or limb paralysis, appears to be low.

**AGE**

15 y

Also seen in this exam is mild dilation of Gus's ascending aorta. This likely represents an age-related finding, however, if Gus's blood pressure measurements are consistently elevated, the dilation could potentially be secondary to systemic hypertension.

**WEIGHT**

11.47 lb

No abnormalities are appreciated in Gus's ECG.

**HOSPITAL NAME**

No therapy is recommended based on these exams. If Gus's blood pressure is persistently elevated, therapy with amlodipine (0.625 mg SID) would be warranted.

**VCA McKenzie AH**

A recheck echocardiogram is recommended in 9-12 months, sooner if new clinical signs compatible with cardiac dysfunction develop.

**REFERRING VET**

Dr. Fricke



DATE

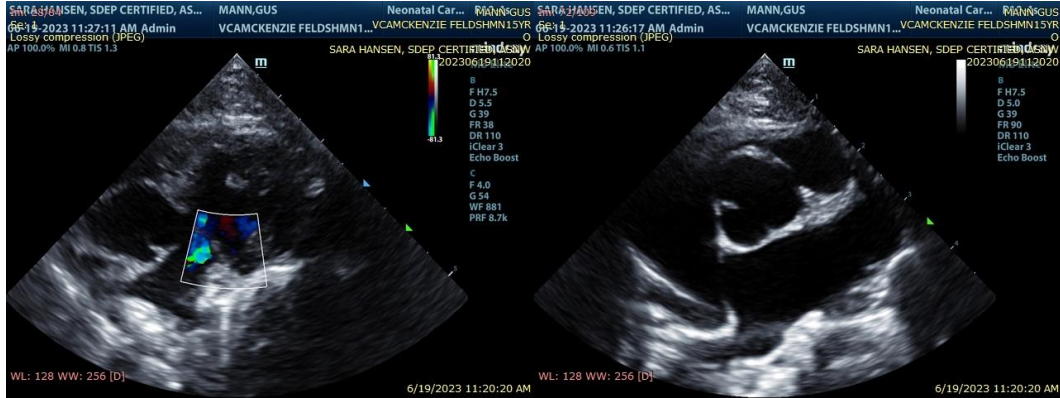
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PATIENT

Gus Mann

SPECIES

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HOSPITAL NAME

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REFERRING VET

Dr. Fricke

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.

Keith Blass, DVM, MS, DACVIM (Cardiology)  
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