



RESENTING CLINICAL SIGNS

DATE

History: Original presented for a possible broken tail. Had an episode of dyspnea over the weekend and responded well to furosemide. Last furosemide dose was 2 days ago. No murmur. Radiographs suggestive of asthma.

6/24/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Tom McNeill

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

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

LA/Ao – 1.36
IVSd – 4.4 mm
LVPWd – 4.4 mm
LVIDd – 12.6 mm
LVIDs – 5.6 mm
FS – 55%
LVOT – 0.82 m/s
RVOT – 1.95 m/s

PATIENT

Harmony Belke

SPECIES

Feline

ELECTROCARDIOGRAPHIC FINDINGS
A single lead ECG is submitted for review.

HR: 250 bpm
Rhythm: Sinus tachycardia

BREED

DSH

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

SEX

FS

RADIOGRAPHIC FINDINGS
Orthogonal thoracic radiographs are submitted for review.

The cardiac silhouette is normal in size. The pulmonary vessels are within normal limits. There are mild bilateral caudodorsal pulmonary bronchial markings. The pleural space is within normal limits. The trachea is normal. The remainder of the thorax is unremarkable.

AGE

10 y

ASSESSMENT/RECOMMENDATIONS

Harmony's echocardiogram demonstrates no evidence of structural heart disease. As such, it appears unlikely that her recent dyspnea was cardiogenic in origin, especially considering that cardiogenic pulmonary edema/pleural effusion is not appreciated in Harmony's radiographs, and that her dyspnea has not returned despite being off of furosemide for the past two days. While a definitive reason for Harmony's dyspnea is not appreciated in her radiographs, the presence of mild pulmonary bronchial markings suggests that asthma should be considered as a possible differential.

WEIGHT

8 lb

HOSPITAL NAME

SVS Imaging CT

No abnormalities are appreciated in Harmony's ECG.

No cardiac therapy appears to be indicated based on these exams.

REFERRING VET

Dr. Hotchkiss



A recheck echocardiogram is recommended if new physical exam and/or clinical abnormalities suggestive of cardiac dysfunction develop.

DATE

6/24/22

PERFORMED BY:

Tom McNeill

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)



PATIENT

Harmony Belke

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.

SPECIES

Feline

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.

BREED

DSH

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

SEX

FS

AGE

10 y

WEIGHT

8 lb

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Hotchkiss