
RESENTING CLINICAL SIGNS

History: Hacking cough noted about 2 weeks ago. Some weight loss. Hyporexia, hiding more. Radiographs show pleural effusion, possible increased opacity in abdomen.

DATE

7/1/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Tom McNeill

INTERPRETED BY

 Keith Blass, DVM,
 MS, DACVIM
 (Cardiology)

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, though mild tricuspid regurgitation is present. TR velocity does not suggest the presence of pulmonary hypertension. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen. A moderate volume of pleural effusion is present. In some images, there appears to be a portion of the liver adjacent to the heart.

PATIENT

Mabel Schroeder

LA/Ao - 1.26
 IVSd - 4.6 mm
 LVPWd - 4.5 mm
 LVIDd - 12.6 mm
 LVIDs - 7.1 mm
 FS - 43.7%
 LVOT - 0.44 m/s
 RVOT - 0.80 m/s
 TR - 1.90 m/s

SPECIES

Feline

ASSESSMENT/RECOMMENDATIONS
BREED

Snowshoe

This examination demonstrates mild regurgitation of blood across Mabel's tricuspid valve. The hemodynamic effects of the regurgitation also appear to be mild, as Mabel does not have secondary dilation of either of her right heart chambers. As such, it does not appear that Mabel's tricuspid regurgitation is the cause of her pleural effusion.

SEX

FS

Also seen in this exam is what appears to be a portion of Mabel's liver adjacent to her heart, suggestive of the possible presence of a diaphragmatic hernia, though other possible differentials include a consolidated portion of lung, a neoplasm, a cyst with a high protein content, or a loculated area of high-protein pleural effusion. It's likely that this structure is related to the development of Mabel's pleural effusion.

AGE

10 y

Thoracocentesis is recommended, and a sample of effusion should be submitted for analysis/cytology. A fine needle aspiration of the structure adjacent to Mabel's heart is also recommended.

WEIGHT

11.6 lb

No therapy is recommended based on Mabel's echocardiogram, though diuretic therapy could potentially be indicated based on the underlying cause of her pleural effusion.

A recheck echocardiogram is recommended in 6-9 months.

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Krisp



DATE

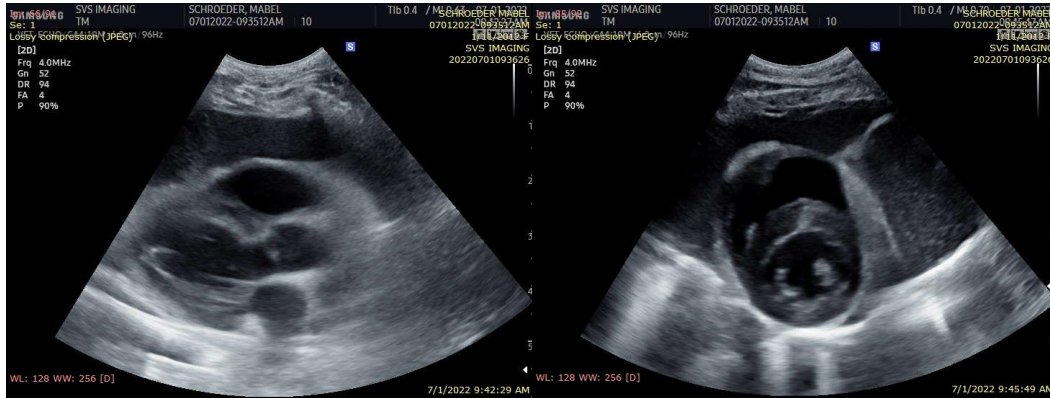
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Mabel Schroeder

Keith Blass, DVM, MS, DACVIM (Cardiology)
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631-804-5754

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