


PRESENTING CLINICAL SIGNS

History: Grade 4/6 parasternal murmur. Pre-anesthetic evaluation (dental). Has experienced a few episodes of open mouth breathing lasting a few minutes.

DATE

7/21/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Left atrial size is normal. The mitral valve leaflets appear normal, though trace mitral regurgitation is present. There is borderline mild hypertrophy of the left ventricular posterior wall.

Dr. Kim

Interventricular septal wall thickness is normal. Left ventricular internal dimensions are normal. Left ventricular systolic function is hyperdynamic. There is mild dynamic obstruction to flow in the left ventricular outflow tract. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve appears normal, though trivial tricuspid regurgitation is present. There is mild dynamic obstruction to flow in the right ventricular outflow tract. 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)

ECG during echo: Sinus rhythm

PATIENT

Jaeger Kulhan

 LA/Ao - 1.34
 IVSd - 5.2 mm
 LVPWd - 5.5 mm
 LVIDd - 13.5 mm
 LVIDs - 5.7 mm
 FS - 57.8%
 LVOT - 2.26 m/s
 RVOT - 2.06 m/s
 RA - 13.6 mm

SPECIES

Feline

BREED
ASSESSMENT/RECOMMENDATIONS
DSH

This examination is equivocal for the presence of cardiac disease, as Jaeger has borderline mild hypertrophy of his left ventricular posterior wall. While Jaeger's wall thickness is not above the definitive threshold of 6 millimeters to be diagnostic for hypertrophic cardiomyopathy (HCM), some cats with wall thicknesses of 5.5 millimeters and above will be affected with the disease, therefore, it's presence cannot be ruled out. If HCM is present, the hemodynamic effects of the disease would be mild, and no reason for Jaeger's episodes of open mouth breathing is appreciated in the image set.

SEX
MN
AGE

13 y

Jaeger's murmur appears to be due to a combination of dynamic obstruction to flow in his ventricular outflow tracts, which is a common reason for a functional/innocent murmur to develop in cats secondary to hyperdynamic ventricular systolic function.

WEIGHT

8.8 lb

Jaeger's cardiovascular risk for general anesthesia appears to be low based on this exam, though, given the possible presence of mild HCM, avoidance of the use of alpha-2 agonists, ketamine, and telazol is recommended, as is reducing the IV fluid rate by 25%.

No therapy is recommended based on this exam.

HOSPITAL NAME

Ridgefield Park AH

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

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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.

Keith Blass, DVM, MS, DACVIM (Cardiology)

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