
PRESENTING CLINICAL SIGNS

DATE History: Grade II-III/VI murmur. Persistent dyspnea. Went to Eclipse on 6/7/23 for dyspnea – radiographs there showed cardiomegaly. Treated with Dex SP and terbutaline. No current meds.
 7/6/23 BUN 58 on 5/19/23.

ECHOCARDIOGRAPHIC FINDINGS

PERFORMED BY: 2D, M-mode, and Doppler study.

INTERPRETED BY: Shari Reffi, CVT
 Keith Blass, DVM, MS, DACVIM (Cardiology)
 There is mild to moderate left atrial dilation. The mitral valve appears normal. There is borderline mild left ventricular dilation. Left ventricular systolic function appears to be significantly depressed. The aorta and aortic valve appear normal. There is mild right atrial dilation. Right ventricular dimensions are normal. The tricuspid valve appears normal, though mild tricuspid regurgitation is present. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen. Pleural effusion is present.

PATIENT LA/Ao – 1.92
 IVSd – 3.9 mm
 LVPWd – 4.1 mm
 Sophia Cordena LVIDd – 18.5 mm
 LVIDs – 16.5 mm
 FS – 10.8%
SPECIES RA – 15.0 mm
 RVOT – 0.59 m/s
 Feline TR – 1.96 m/s

ASSESSMENT/RECOMMENDATIONS

BREED This examination appears to demonstrate severe depression of Sophia’s left ventricular systolic function, consistent with the presence of dilated cardiomyopathy (DCM). Secondary to her
DMH dysfunction, Sophia has mild to moderate dilation of her left atrium and mild dilation of her right atrium. Given the presence of biatrial dilation, I’m concerned that the pleural effusion seen in this exam, and Sophie’s subsequent persistent dyspnea, could be due to the development of
SEX congestive heart failure (CHF). In addition to CHF, Sophia is at risk for thromboembolic disease and arrhythmia formation, therefore, careful monitoring for these is recommended.

FS Thoracocentesis is recommended, and samples of effusion should be submitted for analysis/cytology.

AGE Recommended therapy based on this exam includes pimobendan (1.25 mg am, 0.625 mg pm,
 13 y clopidogrel (18.75 mg SID), and taurine (250 mg BID). Should fluid analysis suggest a cardiogenic origin (ex. modified transudate or chylous), additional therapy with furosemide (3.125 mg BID) would be warranted.

WEIGHT Recheck radiographs and a renal/electrolyte profile are recommended in 1 week if furosemide is started. A recheck echocardiogram is recommended in 6 months.

HOSPITAL NAME

Heart and Paw

REFERRING VET

Dr. Verhalen



DATE

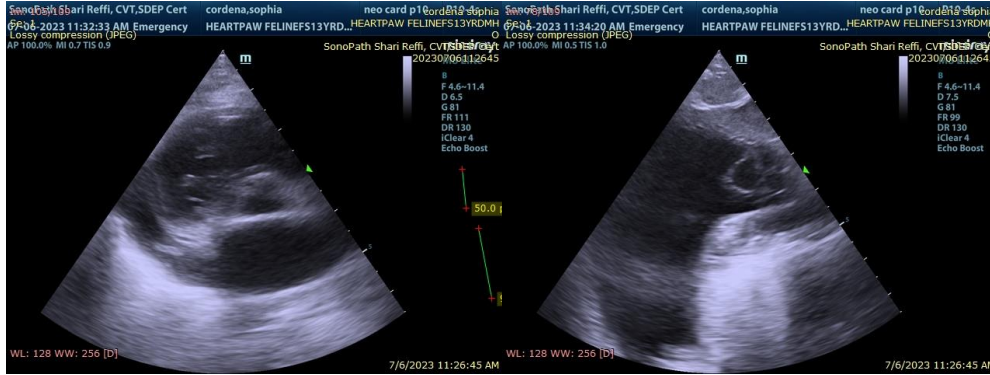
7/6/23

PERFORMED BY:

Shari Reffi, CVT

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)



PATIENT

Sophia Cordena

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.

SPECIES

Feline

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

BREED

DMH

SEX

FS

AGE

13 y

WEIGHT

7 lb

HOSPITAL NAME

Heart and Paw

REFERRING VET

Dr. Verhalen