

PATIENT PRESENTING CLINICAL SIGNS

History: Possible 2/6 murmur
 Max Evans BP: 90/70, 120/74, 117/54

SPECIES

Feline

ECHOCARDIOGRAPHIC FINDINGS

Multiple 2D, M-mode, and Doppler video loops and still images are submitted for review.

BREED

DSH

Left atrial size is normal. The mitral valve is 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 is normal. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No heartworms are visualized. No pericardial effusion or cardiac masses are seen.

SEX

Male Neutered

LA/Ao - 1.37

AGE

10 years

IVSd - 4.5 mm

LVPWd - 4.4 mm

LVIDd - 16.3 mm

LVIDs - 6.4 mm

FS - 60.7%

WEIGHT

14.2 lbs

LVOT - 0.96 m/s

RVOT - 1.35 m/s

ELECTROCARDIOGRAPHIC FINDINGS

INTERPRETED BY

A single lead ECG is submitted for review.

Keith Blass, DVM,
 MS, DACVIM

HR: 180 bpm

Rhythm: Sinus

IMAGING PERFORMED BY

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

Rebekah Jakum, CVT
 ARDMS/RVT

ASSESSMENT/RECOMMENDATIONS

Normal echocardiogram and ECG

HOSPITAL NAME

Conrad Weiser AH

These examinations demonstrate no abnormalities. While a definitive reason for Max's murmur was not identified, the intermittent nature of the murmur and the absence of any pathologic flow abnormalities suggest that his murmur is functional/innocent in nature.

No therapy is recommended based on these exams.

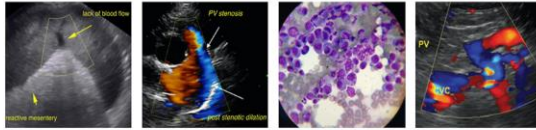
REFERRING VET

Dr. Comalli

A recheck echocardiogram is recommended if the characteristics of Max's murmur change, or if other new physical exam and/or clinical abnormalities suggestive of cardiac dysfunction develop.

DATE

8.30.2021



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Max Evans

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14.2 lbs

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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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