



**PRESENTING CLINICAL SIGNS**

History: Murmur. Pre-anesthetic evaluation (mass removal).

**DATE**

8/4/22

**ECHOCARDIOGRAPHIC FINDINGS**

2D, M-mode, and Doppler study.

**PERFORMED BY:**

Rachel Runnells, RVT

**INTERPRETED BY**

Keith Blass, DVM,  
MS, DACVIM  
(Cardiology)

Left atrial size is normal. The mitral valve appears normal, though mild mitral regurgitation is present. Left ventricular wall thickness is normal. Left ventricular internal dimensions are normal. Left ventricular systolic function is hyperdynamic. The aortic valve appears normal, though trace aortic insufficiency is present. There is mild dilation of the ascending aorta. Right atrial and right ventricular dimensions are normal. The tricuspid valve leaflets are mildly thickened, and a mild jet of 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.

ECG during echo: Sinus rhythm

**PATIENT**

Cookie Parnell

LA - 13.3 mm  
IVSd - 4.8 mm  
LVPWd - 4.9 mm  
LVIDd - 13.1 mm  
LVIDs - 5.7 mm  
FS - 56%  
LVOT - 1.12 m/s  
RVOT - 1.75 m/s  
Ao - 11.5 mm

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

13 y

**WEIGHT**

14.4 lb

**HOSPITAL NAME**

SVS Imaging KC

**REFERRING VET**

Dr. Mervin

**ASSESSMENT/RECOMMENDATIONS**

This examination demonstrates mild regurgitation of blood across Cookie's mitral valve. The hemodynamic effects of the regurgitation also appear to be mild, as Cookie does not have secondary dilation of either of his left heart chambers. As such, Cookie's current risk for the development of clinical signs secondary to his regurgitation appears to be low.

Also seen in this exam is mild dilation of Cookie's ascending aorta. It's possible that this could be idiopathic, though a blood pressure measurement is recommended to rule out systemic hypertension as a possible cause.

Cookie's cardiovascular risk for general anesthesia is low based on this exam, though I still recommend avoiding the use of alpha-2 agonists in the anesthetic protocol and reducing the IV fluid rate by 25% as precautions.

No therapy is recommended based on this exam.

A recheck echocardiogram is recommended in ~6 months to monitor for disease progression.



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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

Cookie Parnell

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

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