



RESENTING CLINICAL SIGNS

History: Grade II-III/VI parasternal murmur. Slightly harsh lung sounds.

DATE

9/10/21

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Jenna Walsh

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

PATIENT

Hal Frieswyk

There is mild left atrial dilation. The left auricle is dilated and has decreased function, though no spontaneous contrast or thrombi are visualized. The mitral valve appears normal, though very mild mitral regurgitation is present. 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 trace 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.

- LA/Ao - 1.71
- IVSd - 4.9 mm
- LVPWd - 4.1 mm
- LVIDd - 13.5 mm
- LVIDs - 4.2 mm
- FS - 68.9%
- LVOT - 0.93 m/s
- RVOT - 1.32 m/s

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

10 y

WEIGHT

12.2 lb

HOSPITAL NAME

VCA Westmoreland

REFERRING VET

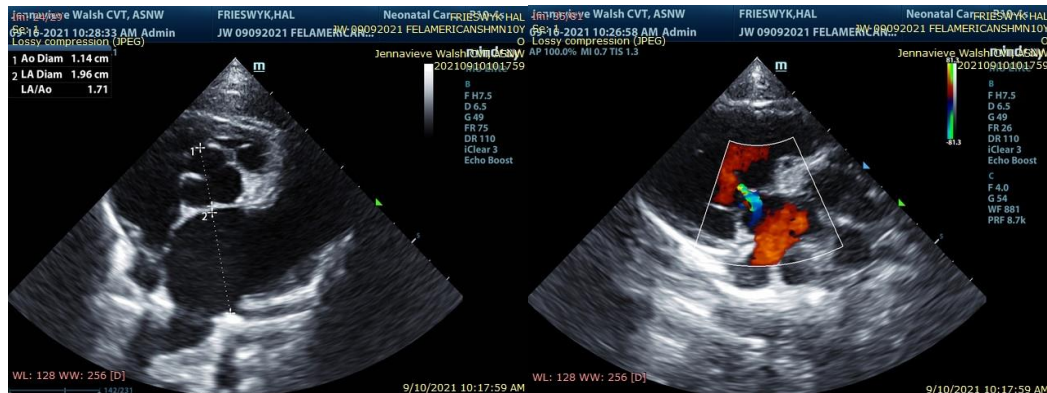
Dr. Bugarovich

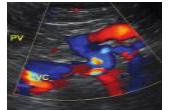
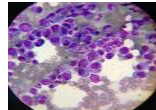
ASSESSMENT/RECOMMENDATIONS

This examination demonstrates mild dilation of Hal's left atrium, with differentials for this finding including a restrictive cardiomyopathy (RCM), atrial myopathy, and cardiac thyrotoxicosis. Given the presence of mild dilation, there is concern that Hal's harsh lung sounds could be due to the development of congestive heart failure, however, I'm not aware of whether his radiographs showed the presence of pulmonary edema or pleural effusion. Hal is also at risk for cardiac thrombus formation with secondary thromboembolic disease, therefore, careful monitoring for signs associated with this condition is recommended.

I recommend starting Hal on clopidogrel (18.75 mg SID) in order to reduce his risk for thrombus formation. A trial with furosemide (6.25 mg SID-BID) can be considered if Hal's radiographs are suggestive of the presence of congestive heart failure.

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





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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.

PERFORMED BY:

Jenna Walsh

Keith Blass, DVM, MS, DACVIM (Cardiology)

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