


DATE **RESENTING CLINICAL SIGNS**

9/13/21

History: Grade 5/6 murmur. Neutered prior to echo. Sedated with dexmedetomidine, butorphanol, and ketamine.

PERFORMED BY: **ECHOCARDIOGRAPHIC FINDINGS**

2D, M-mode, and Doppler study.

Loetitia Saint-Jacques, RVT, LVT

INTERPRETED BY

 Keith Blass, DVM,
 MS, DACVIM
 (Cardiology)

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 normal. The aorta and aortic valve are normal. There is severe right atrial and right ventricular dilation. The tricuspid valve leaflets are thickened, and there is Doppler evidence of tricuspid regurgitation 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.

PATIENT

Juggernaut NHS

 LA - 7.7 mm
 IVSd - 3.0 mm
 LVPWd - 3.1 mm
 LVIDd - 8.9 mm
 LVIDs - 4.5 mm
 FS - 49.4%
 RA - 12.6 mm
 LVOT - 1.21 m/s
 RVOT - 0.94 m/s
 TR - 2.58 m/s

SPECIES

Feline

BREED
ASSESSMENT/RECOMMENDATIONS

Tricuspid valve dysplasia (TVD)

DSH

This examination demonstrates regurgitation of blood across Juggernaut's tricuspid valve resulting from congenital valvular dysplasia. The hemodynamic effects of the regurgitation are significant, as Juggernaut has severe dilation of both his right atrium and right ventricle. Given this finding, Juggernaut is at high risk for the development of right-sided congestive heart failure, pulmonary thromboembolism, and/or arrhythmia formation, and his lifespan will likely be significantly limited in the absence of valvular repair/replacement.

SEX
MN
AGE

2 mo

I'm not aware if valvular surgery is currently being performed in cats, though, if these surgeries are being performed, they would likely be done at Colorado State University. Therefore, it may be warranted to contact the group there to obtain additional information.

Recommended medical therapy at this time includes enalapril (0.25-0.5 mg/kg BID) and clopidogrel (18.75 mg SID).

WEIGHT

1.4 lb

A renal/electrolyte profile is recommended in 1-2 weeks. A recheck echocardiogram is recommended in 6 months if referral for surgery is not pursued. Thoracic/abdominal radiographs are recommended if clinical signs suggestive of the presence of pleural and/or peritoneal effusion develop.

HOSPITAL NAME

 Nevada Humane
 Society

REFERRING VET

Dr. Slatin



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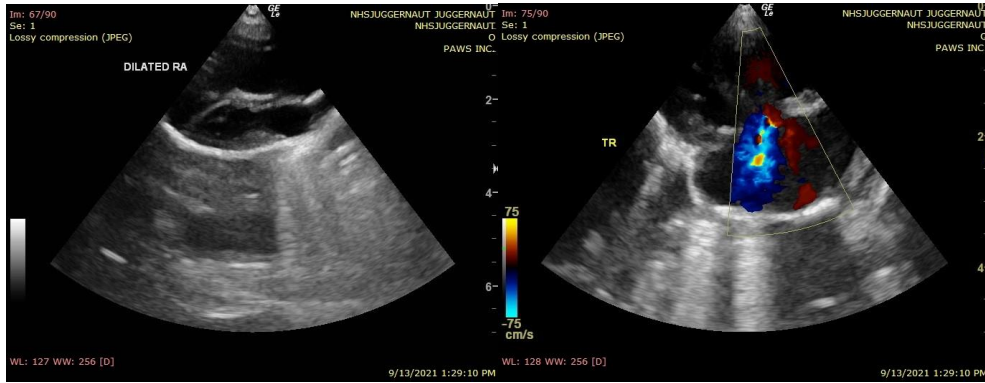
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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