



DATE	RESENTING CLINICAL SIGNS History: Grade 6/6 murmur. Spayed prior to echo – no complications.
9/13/21	ECHOCARDIOGRAPHIC FINDINGS 2D, M-mode, and Doppler study.
PERFORMED BY: Loetitia Saint-Jacques, RVT, LVT	Left atrial size is normal. The mitral valve appears normal, though trace mitral regurgitation is present. Left ventricular wall thickness is normal. Left ventricular internal dimensions are normal. Left ventricular systolic function is normal. There is turbulent flow in the left ventricular outflow tract, suggestive of the presence of a left-to-right shunting perimembranous ventricular septal defect. The aorta and aortic valve are normal. There is moderate right atrial and mild right ventricular dilation. The tricuspid valve leaflets are thickened, and there is Doppler evidence of tricuspid regurgitation present. TR velocity is consistent with the presence of severe pulmonary hypertension (PG 116 mmHg). The pulmonary artery and pulmonic valve appear normal, though there is increased flow velocity in the main pulmonary artery. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.
INTERPRETED BY Keith Blass, DVM, MS, DACVIM (Cardiology)	
PATIENT Starfruit NHS	LA – 11.3 mm IVSd – 4.0 mm LVPWd – 4.0 mm LVIDd – 13.0 mm LVIDs – 6.2 mm
SPECIES Feline	FS – 52% RA – 14.6 mm LVOT – 1.86 m/s RVOT – 3.36 m/s TR – 5.39 m/s
BREED	ASSESSMENT/RECOMMENDATIONS
DSH	Tricuspid valve dysplasia (TVD) Pulmonary hypertension Possible ventricular septal defect (VSD)
SEX	This examination demonstrates regurgitation of blood across Starfruit's tricuspid valve resulting from congenital valvular dysplasia. The hemodynamic effects of the regurgitation are significant, as Starfruit has moderate dilation of her right atrium and mild dilation of her right ventricle. In addition, Starfruit's regurgitation velocity is consistent with the presence of severe pulmonary hypertension. Given these findings, Starfruit is at high risk for the development of right-sided congestive heart failure, pulmonary thromboembolism, and/or arrhythmia formation.
FS	
AGE	
2 mo	Also seen in this exam is what appears to be a left-to-right shunting VSD, which would be a bit unusual given the presence of severe pulmonary hypertension, as this should result in a right-to-left shunt. The hemodynamic effects of the possible VSD shunting are mild at present, as Starfruit does not have secondary dilation of her left heart chambers, however, if the shunting flow reverses, she could become at risk for polycythemia and cyanosis.
WEIGHT	
2/2 lb	A PCV level is recommended.
HOSPITAL NAME	
Nevada Humane Society	Given the presence of severe pulmonary hypertension, surgery to repair either of Starfruit's congenital defects is likely contraindicated.
REFERRING VET	Recommended medical therapy at this time includes sildenafil (~2 mg/kg TID) and clopidogrel (18.75 mg SID).
Dr. Slatin	



DATE

A focused recheck echocardiogram to reevaluate the severity of Starfruit's pulmonary hypertension is recommended in 2-4 weeks. Thoracic/abdominal radiographs are recommended if clinical signs suggestive of the presence of pleural and/or peritoneal effusion develop.

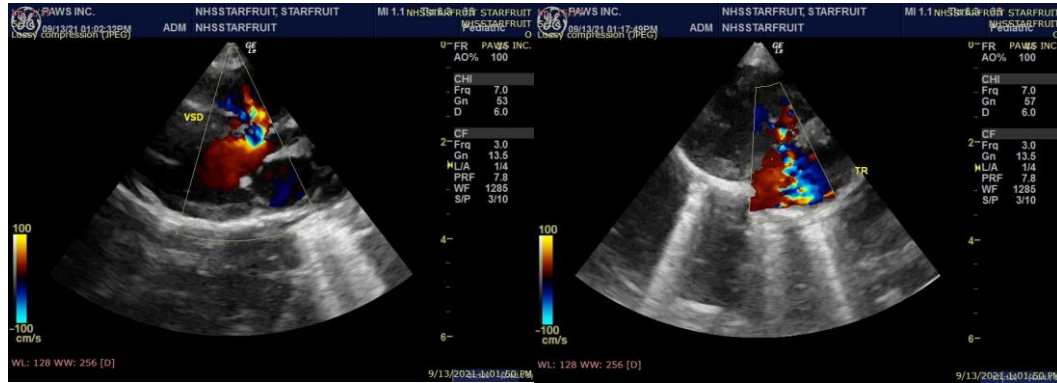
9/13/21

PERFORMED BY:

Loetitia Saint-Jacques, RVT, LVT

INTERPRETED BY

Keith Blass, DVM, MS, DACVIM (Cardiology)



PATIENT

Starfruit NHS

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

2 mo

WEIGHT

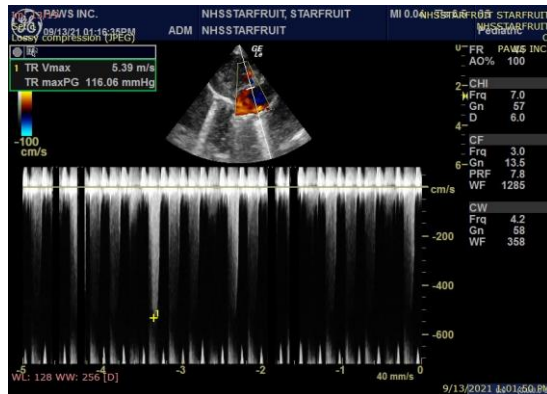
2/2 lb

HOSPITAL NAME

Nevada Humane Society

REFERRING VET

Dr. Slatin



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.

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