

PATIENT PRESENTING CLINICAL SIGNS

Ender Baird History: Left sided 2/6 murmur
 BP: 167/157, 142/112, 136/107, 135/105

SPECIES

Feline

ECHOCARDIOGRAPHIC FINDINGS

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

BREED

DSH

SEX

Male Neutered

AGE

1 year

WEIGHT

11.5 lbs

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. There is mild dynamic obstruction to flow in the right ventricular outflow tract. 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.

LA/Ao – 1.47

IVSd – 4.7 mm

LVPWd – 4.5 mm

LVIDd – 16.8 mm

LVIDs – 5.8 mm

FS – 65%

LVOT – 1.43 m/s

RVOT – 2.18 m/s

INTERPRETED BY ELECTROCARDIOGRAPHIC FINDINGS

Keith Blass, DVM,
 MS, DACVIM

A single lead ECG is submitted for review.

HR: 204 bpm

Rhythm: Sinus

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

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.

ASSESSMENT/RECOMMENDATIONS

HOSPITAL NAME

Conrad Weiser AH

Normal echocardiogram and ECG

These examinations demonstrate no abnormalities. Ender's murmur appears to be due to the presence of mild dynamic obstruction to flow in his right ventricular outflow tract, which is a common reason for a functional/innocent murmur to develop in cats secondary to hyperdynamic ventricular systolic function.

REFERRING VET

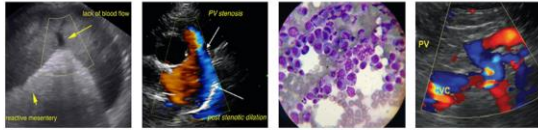
Dr. Comalli

No therapy is recommended based on these exams.

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

DATE

9.17.2021



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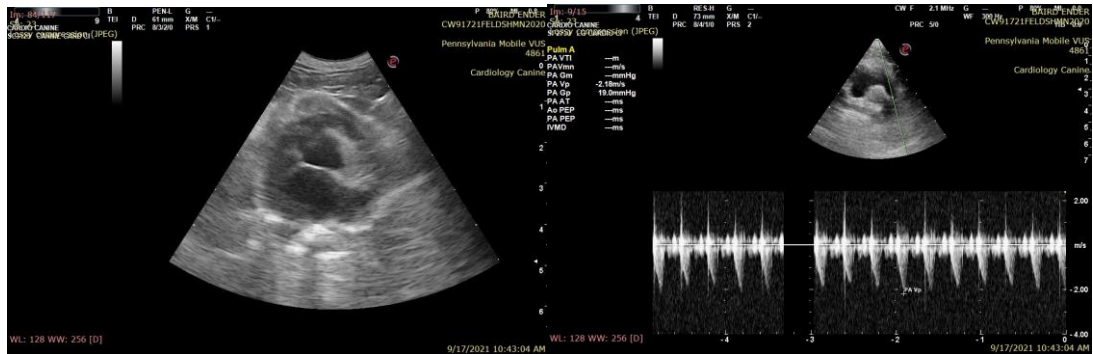
Conrad Weiser AH

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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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