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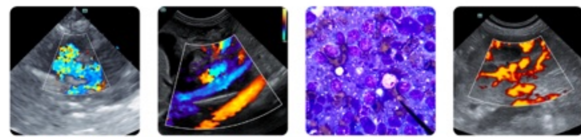

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Tango Joosten

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Intact male

AGE

8 months

WEIGHT

Not provided

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Meghan Morse, LVT, CVT

HOSPITAL NAME

Allendale AH

REFERRING VET

Dr. Tartini

INVOICE

70345

DATE

1/20/26

PRESENTING CLINICAL SIGNS

- Consistent Grade II HM appreciated on PE
- No other concerns
- Needs neuter
- Current meds: Gabapentin
- Abnormal PE/Chem/CBC/UA Results: WNL

ULTRASONOGRAPHIC EXAMINATION OF THE HEART

The left atrium is mildly enlarged. There are no distinct left atrial thrombi/clots or spontaneous echo contrast appreciated. The left ventricle is mild to moderately enlarged with normal wall thickness, and no evidence of restriction. Left ventricular systolic function is normal, with adequate contractility. The right atrium and ventricle are subjectively normal in dimension and systolic function. The anterior and posterior mitral and tricuspid valve leaflets presented normal linear structure, extension in systole, and union in diastole without regurgitation. There is no evidence of systolic anterior mitral valve motion documented. The left ventricular outflow tract demonstrated turbulent flow and subjective structural valvular integrity. The visible aorta is unremarkable. There appears to be left to right color doppler flow across the intraventricular septum. There is no overt dropout noted. Pulmonary outflow tract assessment revealed valve structure, turbulent flow, and a mildly increased velocity consistent with relative pulmonic stenosis (secondary to the suspected ventricular septal defect). There is no evidence of pulmonary hypertension documented. There is no visible pericardial, pleural, or free peritoneal fluid noted.

FELINE CARDIAC PARAMETERS	**BODY WEIGHT** (kg)	**HR** (BPM)	**IVSd** (cm)	**LVIDd** (cm)	**LVWd** (cm)	**FS** (%)	**EF** (%)
NORMAL PARAMETER	------	150-240	0.3-0.6	1.0-2.1	0.25-0.6	35-67	80-100
PATIENT	Not Provided	NM	0.47	2.09	0.53	68	95
FELINE CARDIAC PARAMETERS	**LA/AO** (M-mode)	**LA/AO HEART BASE** (Sisson)	**LAD** LA MAX 4 Chamber		**LVOT VEL.** (m/s)	**RVOT VEL.** (m/s)	**IVRT** (m/)
NORMAL PARAMETER	<1.5	1.6	0.7-1.7		<1.6	<1.3	40-60
PATIENT	1.61	1.4	1.4		1.7	1.3	NM

Adapted from June Boon,Veterinary Echocardiography,1998
Sisson D et al. JVIM 1991; 5: 232, Jacobs et al. Am J Vet Res 1985; 46:1705

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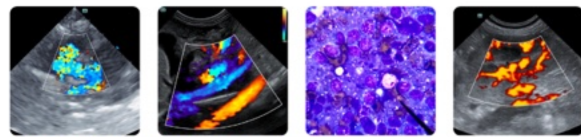

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ULTRASONOGRAPHIC FINDINGS

These findings are most consistent with a small left to right shunting juxta-arterial ventricular septal defect (VSD). There is mild left sided dilation which suggests a potential hemodynamically significant defect.

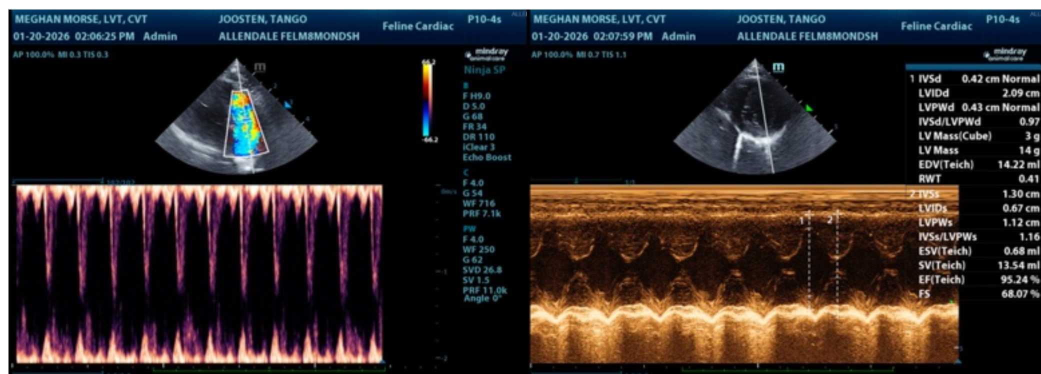
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the chamber dilation, cardiac therapy is recommended. Vetmedin (0.25-0.35mg/kg BID) and enalapril/benazepril (0.5mg/kg BID assuming normotension and lack of renal insult) is indicated at this time. If an ACEi is started, a recheck chemistry panel and blood pressure should be performed 1-2 weeks after starting therapy. If not yet done, chest X-rays should ideally be taken prior to surgery to make sure no unexpected pulmonary edema is seen. Barring any setbacks or complications, a repeat echocardiogram by a cardiologist is recommended at 1 year of age, or sooner if signs of heart disease develop in order to discuss long term management of the condition.

Anesthesia considerations:
While there is no CHF present, there is likely an increased anesthetic risk which must be considered prior to any anesthetic procedure. If anesthesia is necessary, then alpha-2 agonists, ketamine, high dose acepromazine, and Telazol should be avoided. If an ACE inhibitor (enalapril, benazepril) or spironolactone is being given, it should not be administered on the morning of general anesthesia. Other cardiac medications should be administered per the normal dosing schedule. Fluid therapy during anesthesia should be considered at a reduced rate (e.g., 2-5 ml/kg/hour) if possible (i.e., if not hypotensive). A shorter anesthetic duration will reduce the risk of complications. Pre-oxygenation is advised. Premedication with an opioid (i.e., butorphanol, hydromorphone, oxymorphone) with or without a benzodiazepine is generally the safest protocol. An induction agent such as Propofol, alfaxalone, or diazepam/etomidate can be used to effect. Maintenance of anesthesia with isoflurane or sevoflurane is reasonable.

Diet:
No special considerations are necessary. Any high-quality food from Hills, Royal Canin, Science Diet, Eukanuba, Iams, or Purina is reasonable.

Activity:
Avoid strenuous activity.



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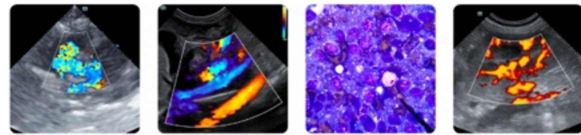

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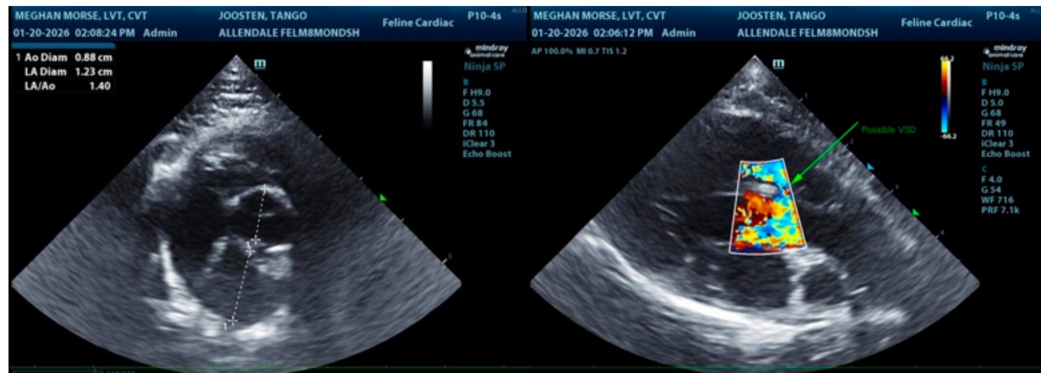

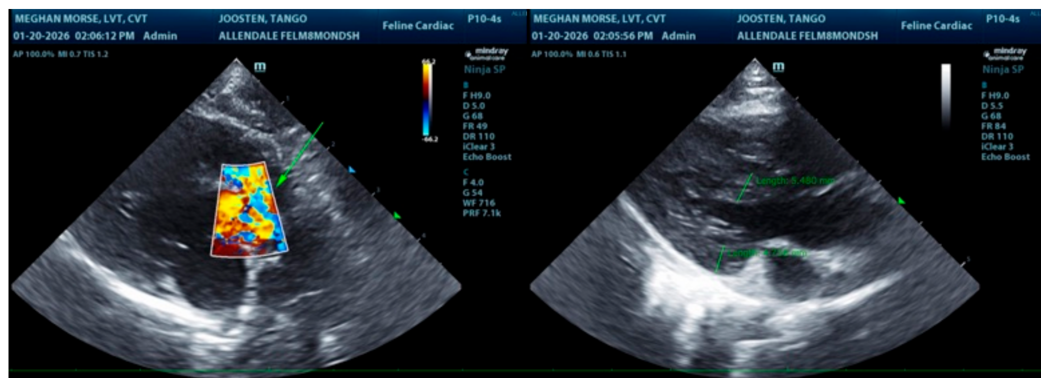

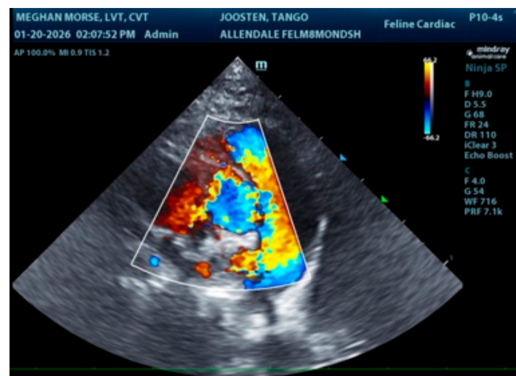

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

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