

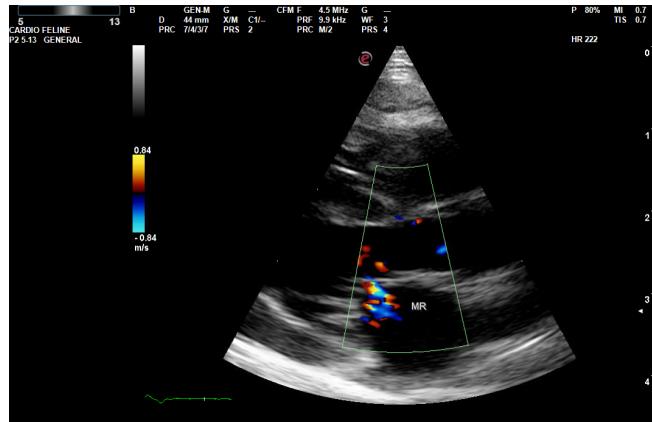
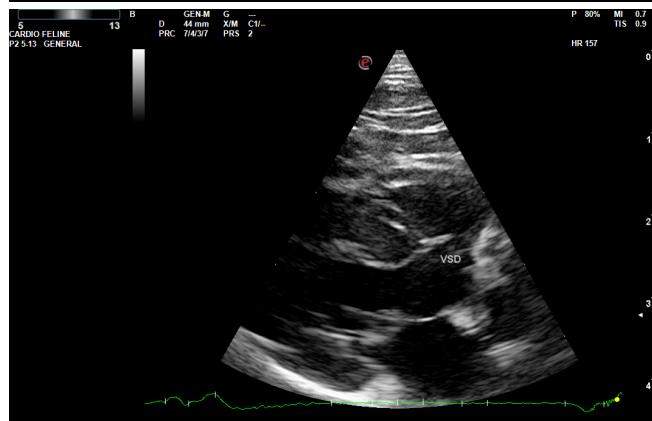
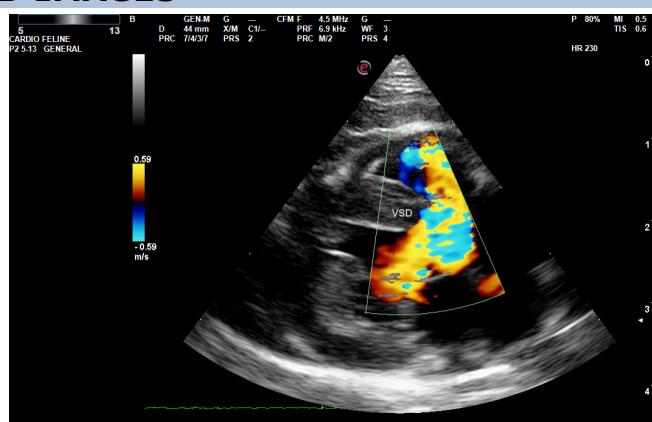
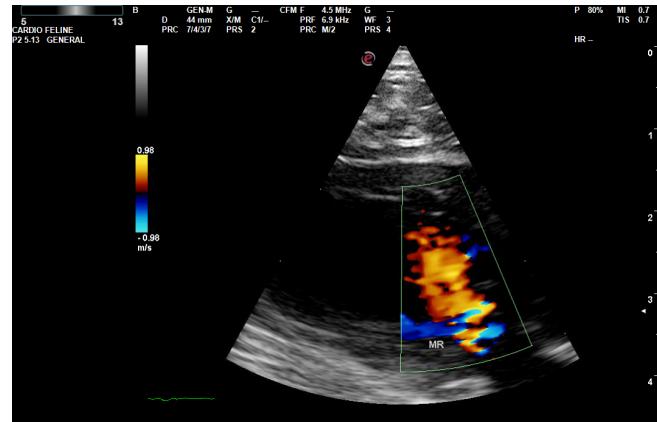
PATIENT DATA

| | | | |
|-----------------------------|--|-------------------------------|------------------|
| OWNER NAME | | ANIMAL NAME | C----- |
| BREED | BRITISH BLUE | NEUTERED | NO |
| BIRTH DATE | | AGE | 6 m |
| GENDER | M | | |
| IDENTIFICATION | | | EXAM DATE |
| ACCESSION NUMBER | | | 11 APR 2018 |
| OPERATOR | | | |
| EXAM DESCRIPTION | CARDIAC | | |
| PERFORMING PHYSICIAN | GEMMA O DONOGHUE | REPORT DATE | 11 APR 2018 |
| CARDIO FELINE | | Absolute velocity used | |
| B-Mode | | | |
| Aorta/LA | | | |
| Ao Diam | 8.1 | mm | LA Diam |
| LA/Ao | 1.15 | | |
| Doppler | | | |
| Aorta | | | |
| AV Vmax | 1.01 | m/s | AV max PG |
| MV | | | |
| MV E Vel | 0.83 | m/s | MV A Vel |
| MV E PG | 2.7 | mmHg | MV A PG |
| MV E/A | 1.34 | | |
| MR | | | |
| MR Vmax | 4.04 | m/s | MR max PG |
| Pulmonary A | | | |
| PA Vmax | 0.80 | m/s | PA max PG |
| AVA (VTI) | | | |
| AV Vmax | 1.01 | m/s | |
| M-Mode | | | |
| Left Ventricle | | | |
| IVSd | 3.8 | mm | LVIDd |
| LVPWd | 4.7 | mm | IVSs |
| LVIDs | 9.8 | mm | LVPWs |
| EF | 74 | % | %LV FS |
| % IVS | 55 | % | %PW |
| LV Mass | -2 | g | |
| OBSERVATIONS | | | |
| Cardio remarks | A membranous ventricular septal defect (VSD) is present which is restrictive in nature with a velocity of 5 m/s blood flow across the defect. There is no evidence of volume overload. Cardiac chamber size is normal. There is also mild mitral dysplasia causing mild mitral regurgitation. Wall thickness is normal. Normal systolic and diastolic function. | | |
| Conclusions | Membranous (sub-cristal) VSD with mild mitral dysplasia. High velocity flow across the VSD and normal transpulmonic valvular velocity indicate the defect is associated with a small shunting volume. These 'restrictive' shunts are often haemodynamically insignificant and are unlikely to be associated with clinical signs. However, this will need to be monitored closely due to the concurrent mitral dysplasia as if volume overload does occur, the regurgitant volume will increase. Neutering is recommended, general anaesthesia is low risk. Repeat echocardiogram recommended at one year of age. | | |

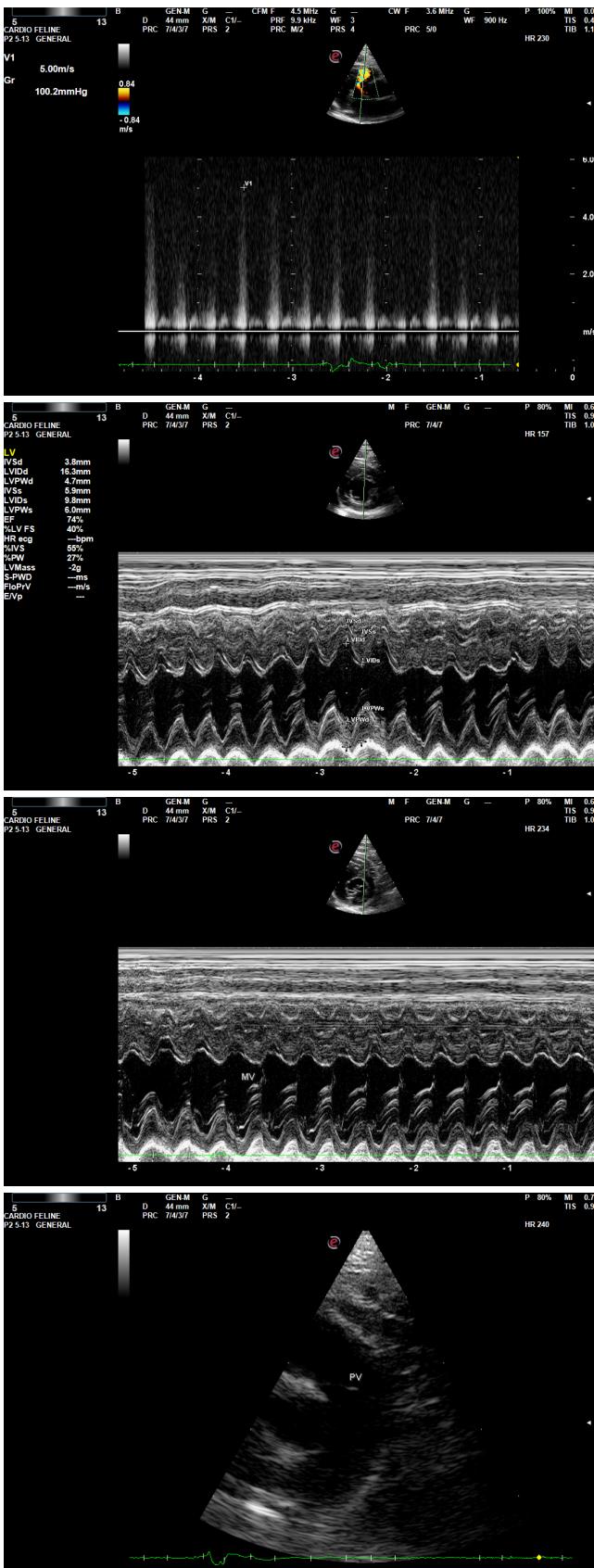
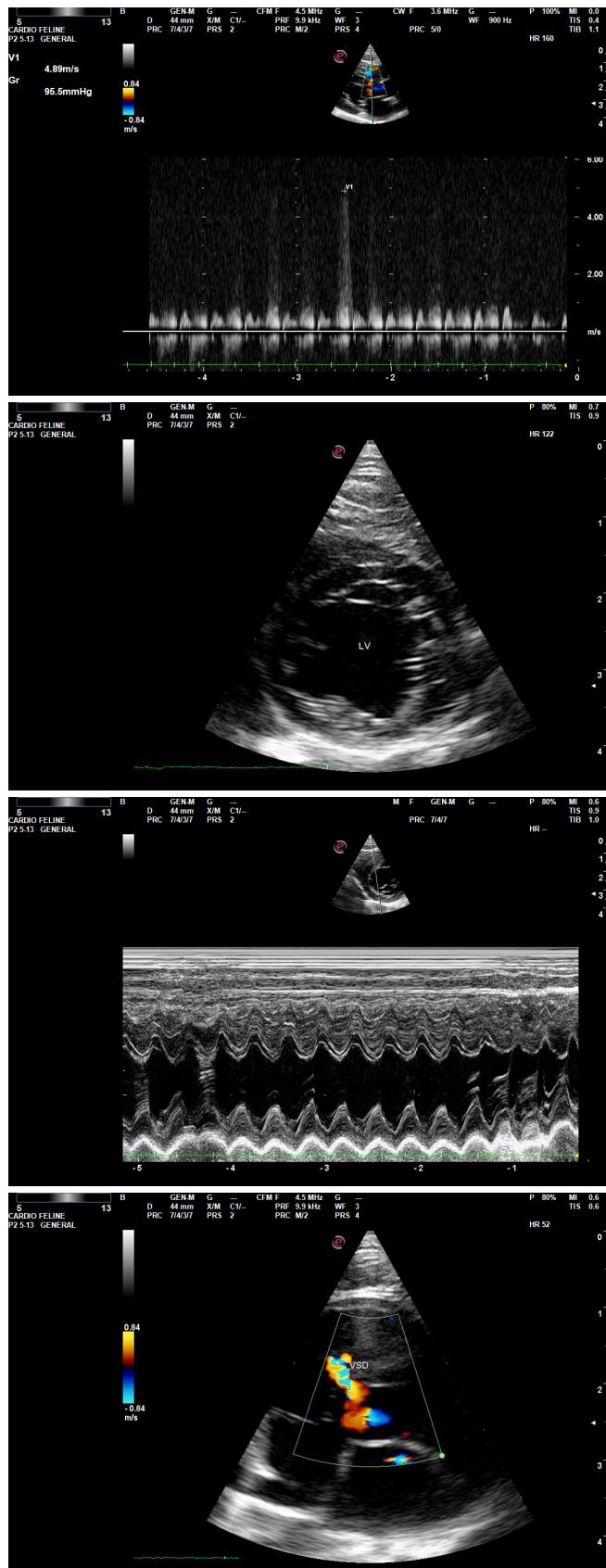
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SIGNATURE

Gemma O'Donoghue PgC ESPVS Cert Cardiology.

ATTACHED IMAGES

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