

PATIENT DATA

OWNER NAME		ANIMAL NAME	C-----
BREED	BRITISH BLUE	NEUTERED	NO
BIRTH DATE		AGE	6 m
GENDER	M		
IDENTIFICATION		EXAM DATE	11 APR 2018
ACCESSION NUMBER			
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	9.3	mm
LA/Ao	1.15				

Doppler

Aorta					
AV Vmax	1.01	m/s	AV max PG	4.1	mmHg
MV					
MV E Vel	0.83	m/s	MV A Vel	0.62	m/s
MV E PG	2.7	mmHg	MV A PG	1.5	mmHg
MV E/A	1.34				
MR					
MR Vmax	4.04	m/s	MR max PG	65.2	mmHg
Pulmonary A					
PA Vmax	0.80	m/s	PA max PG	2.6	mmHg
AVA (VTI)					
AV Vmax	1.01	m/s			

M-Mode

Left Ventricle

IVSd	3.8	mm	LVIDd	16.3	mm
LVPWd	4.7	mm	IVSs	5.9	mm
LVIDs	9.8	mm	LVPWs	6.0	mm
EF	74	%	%LV FS	40	%
% IVS	55	%	%PW	27	%
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.

SIGNATURE

Gemma O'Donoghue PgC ESPVS Cert Cardiology.

ATTACHED IMAGES



