

Christian Weder, DVM, MS, DACVIM (Cardiology) Brianna Chidester, LVT

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It was a pleasure meeting and working with Purrkins today. Below is a summary of his visit with us on August 9, 2022.

History: Purrkins was presented for a cardiology consultation. Purrkins had a heart murmur noted in 2018 but it has not been recently detected. Purrkins is doing well at home with no clinical signs related to cardiac disease. Purrkins had a proBNP performed on 7/29/2022 that was normal (44; N:0-100). He has a history of idiopathic epilepsy for which he receives phenobarbital.

Cardiac Physical Exam: Weight= 6.0kg. Purrkins was quiet, alert and responsive. The mucous membranes were pink and CRT<2 sec. The cardiac rhythm was regular. A grade III/VI left parasternal systolic heart murmur was noted. Pulmonary auscultation revealed normal lung sounds.

Diagnostic Testing:

Blood Pressure Measurement

Cuff Size: 2.0 cm Location: Right Forelimb Average systolic: 150mmHg

Echocardiogram:

The thickness of the interventricular septum is high-normal (IVSd 5.9mm) while the thickness of the left ventricular free wall is normal (LVPWd 5.4mm). The left ventricular chamber size and estimates of systolic function are normal (LVIDd 13.0mm, LVIDs 4.8mm, FS 63.3%). The leaflets of the mitral valve appear normal and no mitral insufficiency or systolic anterior motion are noted. The mitral inflow pattern shows summated E and A waves. The left atrial size is normal (LA 11.0mm, Ao 8.6mm, LA:Ao 1.28). The aortic velocity (AV0.95m/s) and flow profile are normal. The right atrial and right ventricular dimensions appear normal. No tricuspid insufficiency is noted. The pulmonary velocity (PV 0.87m/s) and flow profile are normal. The main pulmonary artery and is visible branches appear normal.

Diagnosis:

1. Normal echocardiogram

Assessment:

Fortunately, today's echocardiogram revealed no evidence of underlying structural heart disease. The only findings of note is that Purrkins' left ventricular wall thicknesses are on the high end of the normal reference range. His cardiac chamber sizes, myocardial function, and blood flow patterns are otherwise normal. Given the findings, no cardiac medications are recommended.

Plan:

A recheck echocardiogram is recommended in 12-18 months to monitor for progressive left ventricular wall thickening. Please let me know if you have any concerns before that time.

Thank you for choosing Mid-Michigan Veterinary Cardiology. Purrkins was a great patient and I enjoyed working with him. If you have any questions or concerns regarding Purrkins's visit with us, please contact me.

Sincerely,

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