



PATIENT

Louie Bujnicki

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11 y

WEIGHT

17.7 lb

PRESENTING CLINICAL SIGNS

Grade III/VI parasternal murmur. BNP 468. Coughing, suspicion for asthma.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

Left atrial size is normal. The mitral valve appears normal. There is mild left hypertrophy of the interventricular septum and borderline mild hypertrophy of the left ventricular posterior wall. 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 appears normal. The pulmonary artery and pulmonic valve appear normal, though there is mildly increased flow velocity in the main pulmonary artery. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

LA/Ao - 1.34

IVSd - 6.4 mm

LVPWd - 5.9 mm

LVIDd - 15.2 mm

LVIDs - 6.3 mm

FS - 58.6%

LVOT - 1.45 m/s

RVOT - 1.79 m/s

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

ASSESSMENT/RECOMMENDATIONS

Hypertrophic cardiomyopathy (HCM)

These examinations demonstrate mild hypertrophy of Louie's left ventricular walls, which is likely consistent with the presence of HCM, however, systemic hypertension and hyperthyroidism should be ruled out as possible contributing factors. The hemodynamic effects of the hypertrophy appear to be fairly mild at present, as Louie does not have secondary dilation of his left atrium, indicating that his current risk for the development of naturally occurring congestive heart failure and/or thromboembolic disease appears to be relatively low.

Louie's murmur appears to be due to the presence of mildly increased flow velocity in his main pulmonary artery, which is a common reason for a functional/innocent murmur to develop in cats.

No therapy is recommended at this stage of disease. No absolute contraindication to oral prednisolone or another steroid with minimal mineralocorticoid activity is appreciated in this exam, though careful monitoring of Louie's respiratory rate/effort is recommended while on the medication.

A recheck echocardiogram is recommended in 6-9 months, sooner if new clinical signs compatible with cardiac dysfunction (ex. labored breathing, collapse, limb paralysis) develop.

IMAGING PERFORMED BY

Brandi Kurzowski

HOSPITAL NAME

Corfu VC

REFERRING VET

Dr. Greil

INVOICE

DATE

1/29/26



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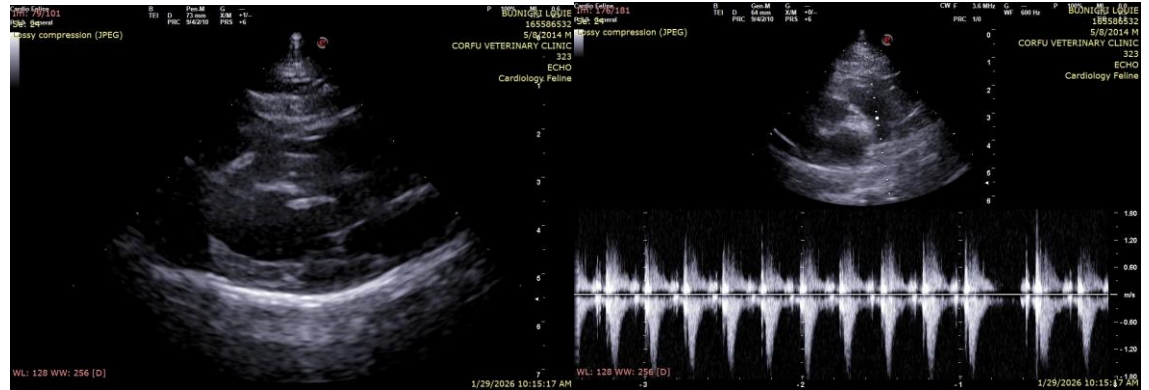
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Keith Blass, DVM, MS, DACVIM (Cardiology)

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