

**PATIENT PRESENTING CLINICAL SIGNS**

Rosie Stoltzfus History: 10.4 difficulty breathing, pleural effusion, enlarged heart, 3/6 murmur  
Medication: Lasix 6.25 BID

**SPECIES**

Feline

**ECHOCARDIOGRAPHIC FINDINGS**

2D, M-mode, and Doppler study.

**BREED**

There is mild left atrial dilation. The mitral valve appears normal, though trace mitral regurgitation is present. There is mild hypertrophy of the interventricular septum, as well as 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 is normal. The pulmonary artery and pulmonic valve are normal. Trace pericardial effusion is present. No cardiac masses are seen.

**AGE**

ECG during echo: Sinus rhythm

3 years

LA/Ao – 1.58

IVSd – 6.0 mm

**WEIGHT**

IVSd – 5.9 mm

LVIDd – 9.5 mm

10.5 lbs

LVIDs – 4.1 mm

FS – 56.8%

**INTERPRETED BY**

LVOT – 1.66 m/s

RVOT – 1.88 m/s

Keith Blass, DVM,  
MS, DACVIM

**ASSESSMENT/RECOMMENDATIONS**

Hypertrophic cardiomyopathy (HCM)

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

This examination demonstrates mild hypertrophy of Rosie's left ventricular walls, consistent with HCM. Secondary to her hypertrophy, Rosie has mild dilation of her left atrium. It's uncommon for cats with only mild atrial dilation to develop congestive heart failure, however, I would certainly believe that this could be the cause of Rosie's difficulty breathing. If her respiratory rate/effort has returned to normal with furosemide therapy (I don't appreciate definitive evidence of CHF in Rosie's radiographs, however, this cannot rule out the presence of mild pulmonary edema). Rosie's current risk for cardiac thrombus formation does not appear to be significantly increased based on this exam.

**HOSPITAL NAME**

Pottstown AWS

**REFERRING VET**

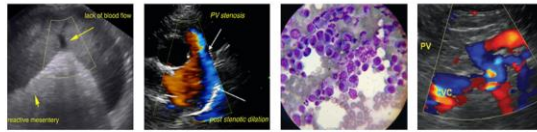
Dr. DiBuono

Continued use of furosemide is recommended. If Rosie's clinical signs have improved with therapy. Additional therapy with clopidogrel (18.75 mg SID) is also recommended.

A recheck physical exam and renal/electrolyte profile are recommended in 1-2 weeks. A recheck echocardiogram is recommended in 9 months.

**DATE**

10.12.2021



**PATIENT**

Rosie Stoltzfus

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

3 years

**WEIGHT**

10.5 lbs

**INTERPRETED BY**

Keith Blass, DVM,  
MS, DACVIM

**IMAGING PERFORMED BY**

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Dr. DiBuono

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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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