
RESENTING CLINICAL SIGNS

History: Presented for crying and not using hind limbs. Returned to normal by time of arrival to clinic. No murmur. BNP 1500. Started clopidogrel.

DATE

10/14/21

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Dr. Mark van Campen

INTERPRETED BY

Keith Blass, DVM,
 MS, DACVIM
 (Cardiology)

There is severe left atrial dilation. Spontaneous contrast is visible in the left auricle. The mitral valve appears normal, though trace mitral regurgitation is present. There is mild hypertrophy of the left ventricular posterior wall. Interventricular septal wall thickness is normal. The left ventricular diastolic dimension is normal. There is hypokinesis of the left ventricular posterior wall. 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. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus rhythm

PATIENT

Reese Schruder

LA - 26.1 mm
 IVSd - 4.1 mm
 LVPWd - 6.0 mm
 LVIDd - 15.7 mm
 LVIDs - 11.0 mm
 FS - 29.9%
 RA - 12.7 mm
 LVOT - 0.84 m/s
 RVOT - 0.93 m/s

SPECIES

Feline

ASSESSMENT/RECOMMENDATIONS
BREED

Hypertrophic cardiomyopathy (HCM)

DLH

This examination demonstrates mild hypertrophy of Reese's left ventricular posterior wall, consistent with an asymmetric variant of HCM. Secondary to his hypertrophy, Reese has severe dilation of his left atrium, as well as hypokinesis of his left ventricular posterior wall. Given these findings, it's likely that Reese's episode of not being able to use his hind limbs was due to the development of a thromboembolism that quickly dislodged. In addition to the development of a more severe thromboembolism, Reese is at high risk for the development of congestive heart failure and/or an arrhythmia, therefore, careful monitoring for clinical signs associated with these conditions is recommended.

SEX
MN
AGE

7 y

A T4 level is recommended to rule out hyperthyroidism as a possible contributor to Reese's left atrial dilation.

In addition to clopidogrel, recommended therapy at this time includes enalapril (1.25 mg BID) and pimobendan (1.25 mg BID).

WEIGHT

5.48 kb

A renal/electrolyte profile is recommended in 1-2 weeks. A recheck echocardiogram is recommended in 6 months. Thoracic radiographs are recommended if Reese experiences respiratory clinical signs.

HOSPITAL NAME

Mississippi Mills AH

REFERRING VET

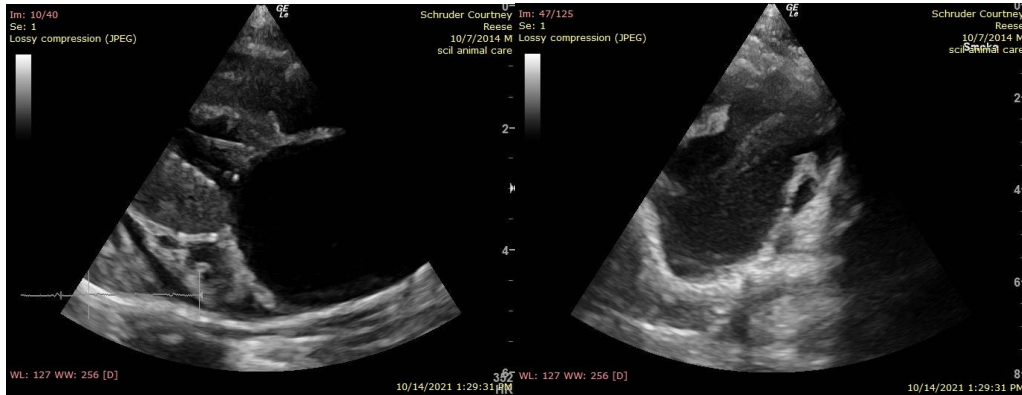
Dr. van Campen



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PATIENT
Reese Schruder

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.

SPECIES
Feline

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