



PRESENTING CLINICAL SIGNS

History: Elevated BNP (878). Also azotemic (SDMA 67, BUN 86, Cr 5.9).

DATE

10/4/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Tom McNeill

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

Left atrial size is normal. The mitral valve appears normal, though trace mitral regurgitation is present. There is mild left ventricular hypertrophy. 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 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.

PATIENT

Beau Schultz

LA/Ao - 1.11
IVSd - 6.2 mm
LVPWd - 6.1 mm
LVIDd - 10.2 mm
LVIDs - 3.9 mm
FS - 61.7%
LVOT - 0.70 m/s
RVOT - 0.91 m/s

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

12 y

WEIGHT

3.25 kg

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Tuttle

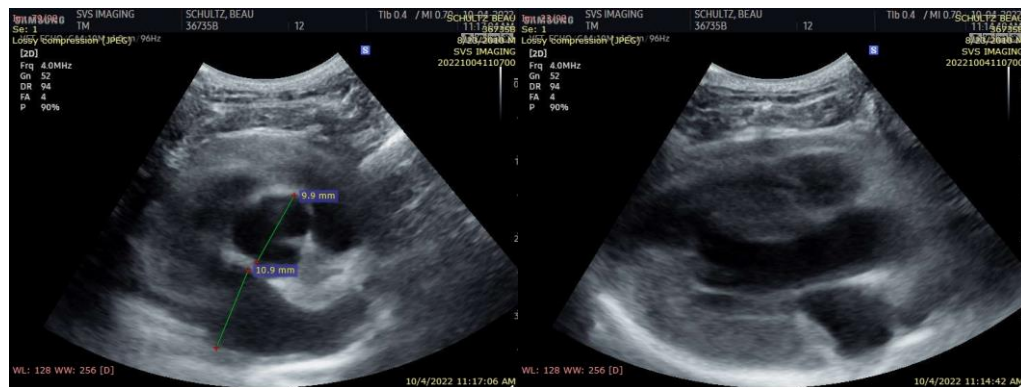
ASSESSMENT/RECOMMENDATIONS

Hypertrophic cardiomyopathy (HCM)

This examination demonstrates mild hypertrophy of Beau's left ventricular walls, which is very likely consistent with the presence of HCM, though both systemic hypertension and hyperthyroidism should be ruled out as possible contributing factors. The hemodynamic effects of the hypertrophy appear to be mild, as Beau does not have secondary dilation of his left atrium, indicating that his current risk for the development of congestive heart failure and/or thromboembolic disease appears to be relatively low.

No therapy is recommended based on this exam. If fluid therapy is to be given to treat Beau's azotemia, caution should be used and the volume/rate should start low and be titrated up while monitoring his respiratory rate/effort.

A recheck echocardiogram is recommended in 6 months to monitor for disease progression.





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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.

PERFORMED BY:

Tom McNeill

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.

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

Keith Blass, DVM, MS, DACVIM (Cardiology)
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