



PATIENT PRESENTING CLINICAL SIGNS

Samantha Burd
History: Respiratory distress
Medication: Lasix

SPECIES ECHOCARDIOGRAPHIC FINDINGS

Feline 2D, M-mode, and Doppler study.

BREED

Domestic Shorthair

SEX

F

AGE

9 years

WEIGHT

12.6 Pounds

There is moderate to severe left atrial dilation. The mitral valve appears normal, though mild mitral regurgitation is present. There is mild hypertrophy of the left ventricular posterior wall. Interventricular septal wall thickness is normal. 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 are normal. No pericardial effusion or cardiac masses are seen.

LA/Ao - 2.42
IVSd - 5.1 mm
LVPWd - 6.5 mm
LVIDd - 14.9 mm
LVIDs - 6.2 mm
FS - 58%
LVOT - 1.43 m/s
RVOT - 1.10 m/s

ASSESSMENT/RECOMMENDATIONS

Hypertrophic cardiomyopathy (HCM)

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

This examination demonstrates mild hypertrophy of Samantha's left ventricular posterior wall, consistent with an asymmetric variant of HCM. Secondary to her hypertrophy, Samantha has moderate to severe dilation of her left atrium. Given this, it's likely that Samantha's respiratory distress is due to the development of left-sided congestive heart failure, though thoracic radiographs are recommended for further evaluation. In addition to congestive heart failure, Samantha is at risk for arrhythmia formation and thromboembolic disease, therefore, careful monitoring for the development of clinical signs associated with these conditions is recommended.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Continued use of furosemide (1-2 mg/kg BID) would be warranted if radiographs confirm the presence of cardiogenic pulmonary edema and/or pleural effusion, as would therapy with enalapril (1.25 mg BID). Recommended therapy to decrease Samantha's risk for thrombus formation is clopidogrel (18.75 mg SID).

HOSPITAL NAME

Easton AH

Recheck radiographs and a renal/electrolyte profile are recommended in 1 week. A recheck echocardiogram is recommended in 6 months.

REFERRING VET

Dr. Yaswinski

INVOICE

1156

DATE

11.17.2021



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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.