



RESENTING CLINICAL SIGNS

History: Recheck HCM. Asymptomatic. Sedated for exam with acepromazine, butorphanol, and ketamine. BNP >270.

DATE

11/2/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study. This exam is compared to the one performed 10/5/21.

PERFORMED BY:

There is borderline mild left atrial dilation. The mitral valve is normal. 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 normal. 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 pericardial effusion or cardiac masses are seen.

Dr. Brian Barnes

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

ECG during echo: Sinus rhythm

PATIENT

George Michael Field

LA - 15.0 mm (prev. 15.9 mm)
IVSd - 5.0 mm (prev. 4.8 mm)
IVSd - 6.7 mm (prev. 6.6 mm)
LVIDd - 11.5 mm (prev. 10.1 mm)
LVIDs - 5.7 mm (prev. 4.5 mm)
FS - 50.4% (prev. 55%)
LVOT - 0.97 m/s (prev. 0.84 m/s)
RVOT - 1.07 m/s (prev. 1.18 m/s)

SPECIES

Feline

ASSESSMENT/RECOMMENDATIONS
Hypertrophic cardiomyopathy (HCM)

BREED

This examination demonstrates no progression of George's HCM over the past year. As his, George's current risks for the development of congestive heart failure and/or thromboembolic disease still appear to be relatively low, though careful monitoring for signs associated with these conditions is recommended.

DMH

SEX

No therapy is recommended at this stage of George's HCM.

MN

A recheck (X-ray +/- echocardiogram) is recommended in 6-9 months, sooner if new clinical signs compatible with cardiac dysfunction develop.

AGE

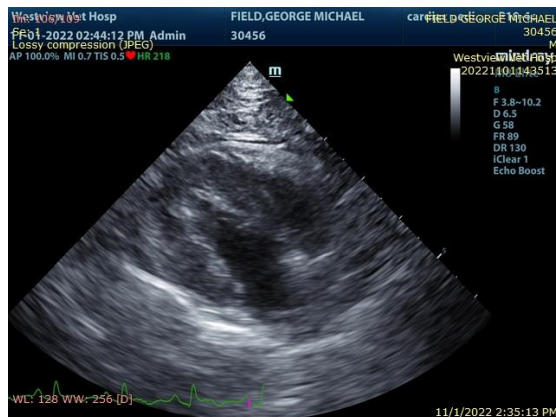
10 y

WEIGHT

7 kg

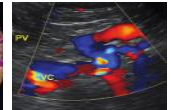
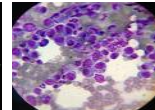
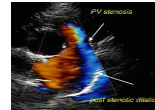
HOSPITAL NAME

Westview VH



REFERRING VET

Dr. Barnes



DATE 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.

11/2/22

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.

PERFORMED BY:

Dr. Brian Barnes
Keith Blass, DVM, MS, DACVIM (Cardiology)
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