

PRESENTING CLINICAL SIGNS

History: Radiographs showed cardiomegaly. No murmur. BP WNL.

DATE

11/26/21

ECHOCARDIOGRAPHIC FINDINGS

Multiple 2D, M-mode, and Doppler video loops and still images are submitted for review.

PERFORMED BY:

Kelly Reschny

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

There is severe left atrial dilation. The mitral valve is normal. There is borderline mild hypertrophy of the interventricular septum. Left ventricular posterior wall thickness is normal. The left ventricular diastolic dimension is normal. Left ventricular systolic function is characterized by severe hypokinesis of the left ventricular posterior wall, with normal motion of the interventricular septum. 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 heartworms are visualized. No pericardial effusion or cardiac masses are seen.

PATIENT

Grayson Cook

LA - 23.0 mm
LA/Ao - 3.27
IVSd - 5.7 mm
LVPWd - 4.4 mm
LVIDd - 18.5 mm
LVIDs - 14.4 mm
FS - 22%
LVOT - 0.65 m/s
RVOT - 0.60 m/s

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

9 y

WEIGHT

5.8 kg

HOSPITAL NAME

Headon Forest AH

REFERRING VET

Dr. Hall

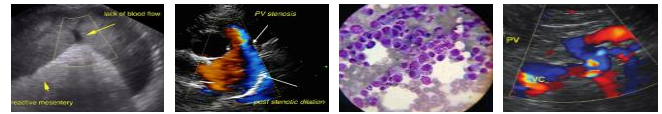
ASSESSMENT/RECOMMENDATIONS

This examination demonstrates a number of abnormalities, as Grayson has severe dilation of his left atrium, hypokinesis of his left ventricular posterior wall, and borderline mild hypertrophy of his interventricular septum. Given the presence of borderline septal hypertrophy, hypertrophic cardiomyopathy (HCM) cannot be ruled out, however, it's likely that a myocardial infarction or fibrosis is the cause of Grayson's left ventricular posterior wall hypokinesis. Given the presence of severe left atrial dilation, Grayson is at high risk for the development of congestive heart failure and/or thromboembolic disease, therefore, careful monitoring for the development of clinical signs associated with these conditions is recommended. Grayson is also at risk for arrhythmia formation, though no irregularity in his heart rhythm was appreciated during his echocardiogram.

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

Recommended therapy based on this exam includes enalapril (2.5 mg BID), pimobendan (1.25 mg BID), and clopidogrel (18.75 mg SID).

A renal/electrolyte profile is recommended in 1-2 weeks. A recheck echocardiogram is recommended in 6 months. Thoracic radiographs are recommended if clinical signs compatible with congestive heart failure develop.



DATE

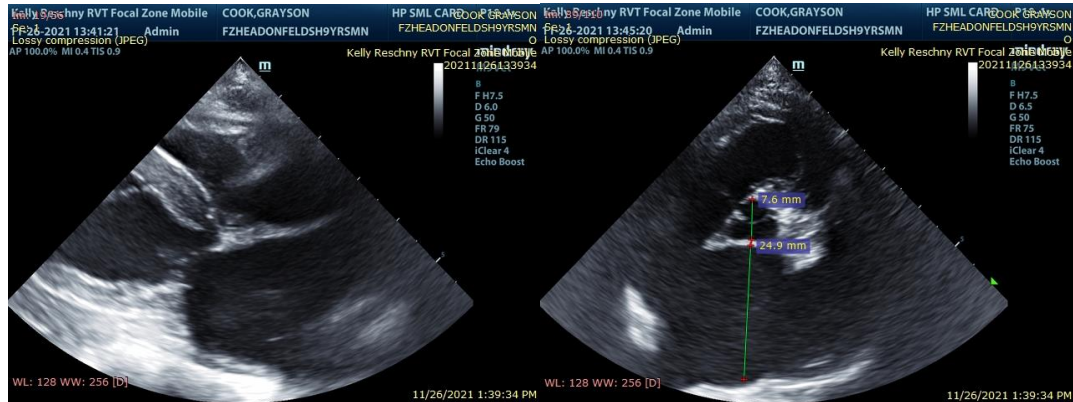
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

PATIENT

Grayson Cook

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

Keith Blass, DVM, MS, DACVIM (Cardiology)
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631-804-5754

BREED

DSH

SEX

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9 y

WEIGHT

5.8 kg

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