



PATIENT

Boris Myers

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

9 y

WEIGHT

8 kg

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Meredith Swart

HOSPITAL NAME

Swart Veterinary
Imaging

REFERRING VET

Dr. Swart

INVOICE

DATE

11/7/25

PRESENTING CLINICAL SIGNS

BNP 1000. No murmur. Radiographs showed cardiomegaly. Other BW, including T4, WNL. Pre-anesthetic evaluation (dental).

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

There is moderate left atrial dilation. The left auricle is dilated, though no spontaneous contrast or thrombi are visualized in the auricle. 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 normal. The aorta and aortic valve appear normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve is normal. The pulmonary artery and pulmonic valve appear normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

LA - 19.5 mm
IVSd - 5.6 mm
LVPWd - 6.5 mm
LVIDd - 16.1 mm
LVIDs - 7.7 mm
FS - 52%
LVOT - 1.75 m/s
RVOT - 1.52 m/s

ASSESSMENT/RECOMMENDATIONS

Hypertrophic cardiomyopathy (HCM)

This examination demonstrates mild hypertrophy of Boris's left ventricular posterior wall, consistent with the presence of HCM. Secondary to his hypertrophy, Boris has moderate dilation of his left atrium. While I don't see definitive evidence of congestive heart failure in Boris's radiographs, he is at high risk for its development, therefore, careful monitoring of his respiratory rate/effort is recommended. Boris is also at fairly high risk for thromboembolic disease and/or arrhythmia formation, therefore, careful monitoring for these is also recommended.

Boris's cardiovascular risk for general anesthesia is fairly high based on this exam, therefore, elective anesthetic procedures should be avoided. If anesthesia must proceed, precautions should be taken in order to minimize Boris's risk. I recommend avoiding the use of alpha-2 agonists, ketamine, and telazol in the anesthetic protocol, as well as reducing the IV fluid rate by 50% and pre-oxygenating Boris for a few minutes prior to induction. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

I recommend starting Boris on enalapril (2.5 mg BID) and clopidogrel (18.75 mg SID; if you are going forward with the dental, do not start this medication until after the procedure, as it could increase bleeding), as the former may help to slow the progression of his cardiac disease, while the latter will help to reduce his risk for cardiac thrombus formation.

A recheck echocardiogram is recommended in 6 months. Thoracic radiographs are recommended if Boris experiences respiratory clinical signs.



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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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.

Keith Blass, DVM, MS, DACVIM (Cardiology)

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