


PRESENTING CLINICAL SIGNS
DATE

11/9/21

History: Had a bout of respiratory distress in August. Radiologist described asthma with peribronchial infiltrates and hyperinflation of lungs. SNAP BNP abnormal at that time. Treated with oxygen and diuretics. Clinical signs and radiographs improved with therapy. Has been doing well off of medications since then. Current BNP 314. Soft murmur. Sedated for exam with acepromazine and butorphanol.

PERFORMED BY:

Dr. Brian Barnes

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

INTERPRETED BY

 Keith Blass, DVM,
 MS, DACVIM
 (Cardiology)

Left atrial size is normal. The mitral valve appears normal, though mild mitral regurgitation is present. Left ventricular wall thickness is normal. There is hypertrophy of the left ventricular papillary muscles. Left ventricular internal dimensions are normal. Left ventricular systolic function is mildly hyperdynamic. The aorta and aortic valve appear normal, though trivial aortic insufficiency is present. Right atrial and right ventricular dimensions are normal. The tricuspid valve is normal. There is mild dynamic obstruction to flow in the right ventricular outflow tract. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

PATIENT

Fritz Kapitan

ECG during echo: Sinus rhythm

SPECIES

Canine

IVSd – 4.9 mm
 LVPWd – 4.9 mm
 LVIDd – 13.1 mm
 LVIDs – 6.0 mm
 FS – 54%
 LVOT – 1.25 m/s
 RVOT – 2.49 m/s

BREED

DSH

ASSESSMENT/RECOMMENDATIONS
SEX

MN

AGE

4 y

This examination demonstrates hypertrophy of Fritz's left ventricular papillary muscles, consistent with a focal variant of hypertrophic cardiomyopathy (HCM). The hemodynamic effects of the hypertrophy appear to be mild, as Fritz does not have secondary dilation of his left atrium. While I can't rule out a cardiogenic cause of Fritz's previous respiratory difficulty, the absence of left atrial dilation suggests that congestive heart failure was unlikely to be the cause, especially considering that Fritz's labored breathing has not returned since diuretic therapy was discontinued.

No therapy is recommended based on this exam.

A recheck echocardiogram is recommended in 9 months to monitor for disease progression, sooner if clinical signs compatible with cardiac dysfunction develop.

WEIGHT

4.34 kg

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Barnes



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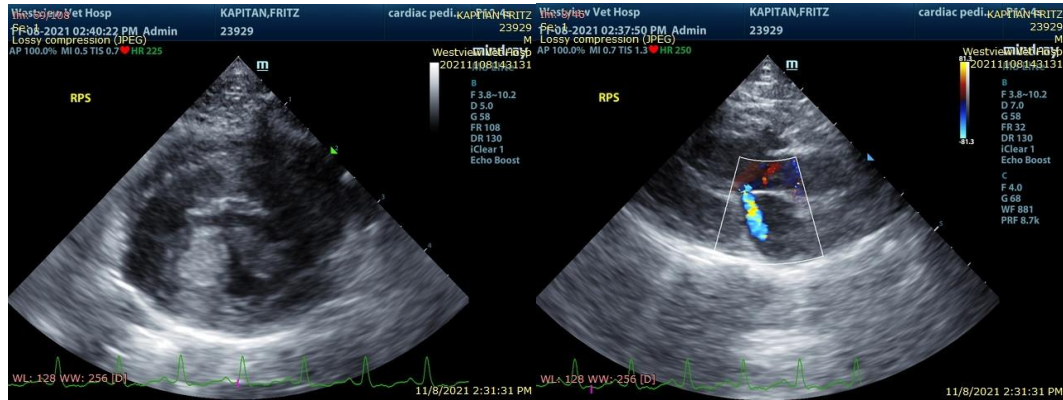
4.34 kg

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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.

Keith Blass, DVM, MS, DACVIM (Cardiology)

KeithBlass@gmail.com

631-804-5754