



PATIENT

Luna Law

SPECIES

Feline

BREED

Turkish Angora

SEX

FS

AGE

1 y

WEIGHT

5.75 kg

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Kuzimski

HOSPITAL NAME

Animal Emergency
Hospital Deland

REFERRING VET

Dr. Kuzimski

INVOICE

DATE

12/30/25

PRESENTING CLINICAL SIGNS

Decreased appetite for a few days, lethargic/dull. Increased respiratory rate beginning today. Given an injection of furosemide last night and thoracocentesis was performed. BP >300 mmHg. BUN 56, Cr 2.32. Echo performed in sternal recumbency due to patient condition.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

There is moderate left atrial dilation. Left auricular function is depressed, and spontaneous contrast is visible in the auricle. The mitral valve appears normal, though trace mitral regurgitation is present. There is moderate left ventricular hypertrophy. 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 appears normal. The pulmonary artery and pulmonic valve appear normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen. Mild pleural effusion is present.

ECG during echo: Sinus rhythm with paroxysms of supraventricular tachycardia

LA/Ao – 2.07
IVSd – 7.8 mm
LVPWd – 7.4 mm
LVIDd – 9.0 mm
LVIDs – 4.7 mm
FS – 47.8%

ASSESSMENT/RECOMMENDATIONS

Hypertrophic cardiomyopathy (HCM)
Supraventricular tachycardia

This examination demonstrates moderate hypertrophy of Luna's left ventricular walls, consistent with the presence of HCM. Secondary to her hypertrophy, Luna has moderate dilation of her left atrium. Given this, it's very likely that Luna's pleural effusion is the result of the development of congestive heart failure (CHF). In addition to CHF, Luna is at moderately increased risk for thromboembolic disease.

Luna's ECG demonstrates the presence of paroxysmal supraventricular tachycardia. This puts her at risk for the development of syncope/collapse, therefore, careful monitoring for this is recommended.

Recommended therapy for Luna's HCM/CHF includes furosemide (6.25 mg BID), enalapril (2.5 mg am, 1.25 mg pm), and clopidogrel (18.75 mg SID, while recommended therapy for her arrhythmia is diltiazem (7.5 mg TID).

Thoracic radiographs, a renal/electrolyte profile, and an ECG are recommended in 1 week. A recheck echocardiogram is recommended in 6 months.



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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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