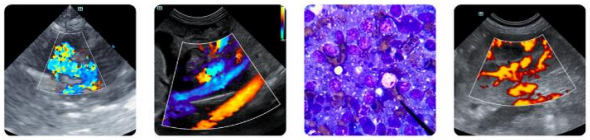

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT
Olaf Jurasko

SPECIES
Feline

BREED
DSH

SEX
MN

AGE
2 y

WEIGHT
4.6 kg

INTERPRETED BY
Keith Blass, DVM, MS, DACVIM (Cardiology)

IMAGING PERFORMED BY
Andrea Nicastro, DVM, DACVIM

HOSPITAL NAME
On Point AH South

REFERRING VET
Dr. Crouse

INVOICE

DATE
12/31/25

PRESENTING CLINICAL SIGNS

Presented on 12/29 for dyspnea. Diagnosed with CHF. Treated with furosemide 10 mg every 6 hr and oxygen supplementation. No longer dyspneic. Gallop sound, no murmur.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

There is moderate to severe left atrial dilation. Significant spontaneous contrast is visible swirling in the left atrium. The mitral valve appears normal, though mild mitral regurgitation is present. There is moderate hypertrophy of the interventricular septum. Left ventricular posterior 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 appears normal, though mild tricuspid regurgitation is present. TR velocity is consistent with the presence of mild pulmonary hypertension (PG 41 mmHg). The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

LA – 21.5 mm
LA/Ao – 2.42
IVSd – 7.1 mm
LVPWd – 4.4 mm
LVIDd – 15.9 mm
LVIDs – 9.2 mm
FS – 42%
RA – 12.1 mm
LVOT – 0.91 m/s
RVOT – 0.69 m/s
TR – 3.20 m/s

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is submitted for review.

HR: 333 bpm
Rhythm: Sinus vs. supraventricular tachycardia

The underlying rhythm is a tachycardia of supraventricular origin, though it's unclear whether it is sinus or ectopic in origin. There is a left axis deviation. The QRS complex amplitudes are increased in all leads except for leads II and aVF. All other complex amplitudes and intervals are within normal limits. No ventricular ectopy is seen.

ASSESSMENT/RECOMMENDATIONS

Hypertrophic cardiomyopathy (HCM)
Pulmonary hypertension
Possible supraventricular tachycardia

This examination demonstrates moderate hypertrophy of Olaf's interventricular septum, consistent with the presence of HCM. Secondary to his hypertrophy, Olaf has moderate to severe dilation of his left atrium and mild pulmonary hypertension. Given this, it comes as no surprise that Olaf has experienced an episode of congestive heart failure (CHF). In addition to recurrence of CHF, Olaf is at

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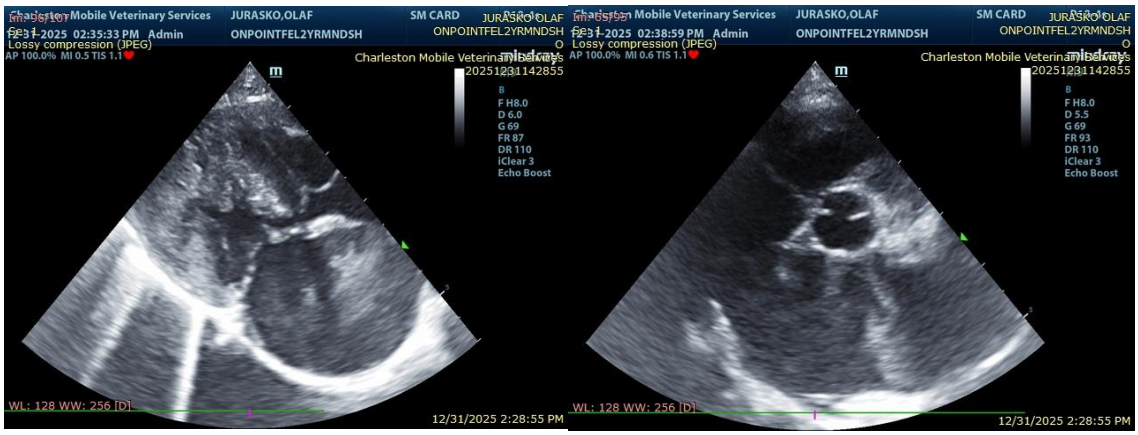
high risk for the development of thromboembolic disease, therefore, careful monitoring for this is recommended.

Olaf's ECG demonstrates the presence of a tachycardia of supraventricular origin, though the presence of a sinus tachycardia or pathologic supraventricular tachycardia cannot be distinguished. If a sinus tachycardia is present, Olaf's heart rate should improve over the next few days now that his CHF has been controlled.

Recommended maintenance therapy includes furosemide (lowest effective dose, I typically start with 1-2 mg/kg BID for a cat experiencing CHF for the first time), enalapril (1.25 mg BID), and clopidogrel (18.75 mg SID). If Olaf's tachycardia persists, additional therapy with diltiazem (7.5 mg TID) may be warranted.

A recheck ECG and renal/electrolyte profile are recommended in 1 week. A recheck echocardiogram is recommended in 6 months. Repeat radiographs are recommended any time clinical signs compatible with CHF develop.



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)

info@SonoPath.com