



PRESENTING CLINICAL SIGNS

DATE

12/6/22

History: Diagnosed with left-sided CHF and emerging right-sided CHF on 11/29/22. Echo that day suggestive of the presence of UCM. Receiving furosemide 6.25 mg BID, enalapril 2.5 mg SID, pimobendan 1.25 mg BID, and clopidogrel 18.75 mg SID. Breathing has improved since starting medications.

ECHOCARDIOGRAPHIC FINDINGS

PERFORMED BY:

Dr. Ebersole

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

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. The mitral valve appears normal, though mild mitral regurgitation is present. Left ventricular wall thickness is normal. Left ventricular internal dimensions are normal. Left ventricular systolic function is normal. 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 shunting lesions are visualized. No heartworms are visualized. No pericardial effusion or cardiac masses are seen.

PATIENT

Felix Hine

SPECIES

Feline

LA/Ao – 2.00
IVSd – 5.7 mm
LVPWd – 5.8 mm
LVIDd – 14.0 mm
LVIDs – 8.7 mm
FS – 37.9%
LVOT – 1.06 m/s
RVOT – 1.00 m/s

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is submitted for review.

BREED

DSH

SEX

MN

HR: 240 bpm
Rhythm: Sinus tachycardia

Sinus tachycardia is present throughout this recording. A right axis deviation is present. All complex amplitudes and intervals are within normal limits. No premature beats or conduction blocks are seen.

ASSESSMENT/RECOMMENDATIONS

AGE

9 y

WEIGHT

15 lb

This examination is similar to the one performed last week, though there is some improvement in Felix's left ventricular systolic function, which now measures slightly above the lower limit of the normal reference interval, and there does not appear to be dilation of his right atrium. While Felix likely suffers from an unclassified cardiomyopathy (UCM), it's possible that his recent prednisone therapy and/or hyperthyroidism could be contributing to his left atrial dilation. Felix's improvement suggests that his congestive heart failure has likely resolved, however, he remains at risk for its recurrence, as well as for the development of thromboembolic disease and/or arrhythmia formation.

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Bennett

A T4 level and renal/electrolyte profile are recommended.

No change in therapy is recommended (unless relevant azotemia is present) at this time.

A recheck echocardiogram is recommended in 6 months. Repeat radiographs are recommended if clinical signs compatible with congestive heart failure develop.



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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)
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631-804-5754

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