


PRESENTING CLINICAL SIGNS

History: Previously diagnosed with HOCM. Was receiving atenolol but medication discontinued due to difficulty giving pills. Grade 3/6 left-sided murmur. Pre-dental evaluation.

DATE

2/11/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Sarah Pender, CVT

There is moderate to severe left atrial dilation. There is severe left ventricular hypertrophy. Left ventricular internal dimensions are normal. Left ventricular systolic function is normal. There is systolic anterior motion of the mitral valve leaflets creating dynamic obstruction to flow in the left ventricular outflow tract, with mild secondary mitral regurgitation. 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 pericardial effusion or cardiac masses are seen.

INTERPRETED BY

 Keith Blass, DVM,
 MS, DACVIM
 (Cardiology)

LA/Ao – 2.37
 IVSd – 8.7 mm
 LVPWd – 10.1 mm
 LVIDd – 10.7 mm
 LVIDs – 6.4 mm
 FS – 40%
 LVOT – 1.50 m/s
 RVOT – 1.21 m/s

PATIENT

Ray Gooch

SPECIES

Feline

ASSESSMENT/RECOMMENDATIONS

Hypertrophic obstructive cardiomyopathy (HOCM)

BREED

Ragdoll

This examination demonstrates significant progression of Ray's cardiac disease over the past 4 months, as he now has severe hypertrophy of his left ventricle and moderate to severe dilation of his left atrium. Given this, Ray is at high risk for the development of congestive heart failure, thromboembolic disease, and/or arrhythmia formation, and careful monitoring for clinical signs associated with these conditions is recommended.

SEX

MN

Ray's cardiovascular risk for anesthesia is significantly increased based on this exam, and anesthesia is only recommended if absolutely necessary (it is not recommended for elective procedures). If anesthesia is to proceed, precautions must be taken in order to minimize Ray'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%. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

AGE

5 y

Recommended therapy based on this exam includes enalapril (2.5 mg BID) and clopidogrel (18.75 mg SID).

WEIGHT

12.5 lb

A renal/electrolyte profile is recommended in 1-2 weeks. A recheck echocardiogram is recommended in 6-9 months. Thoracic radiographs are recommended if Ray experiences respiratory clinical signs.

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Garro



DATE

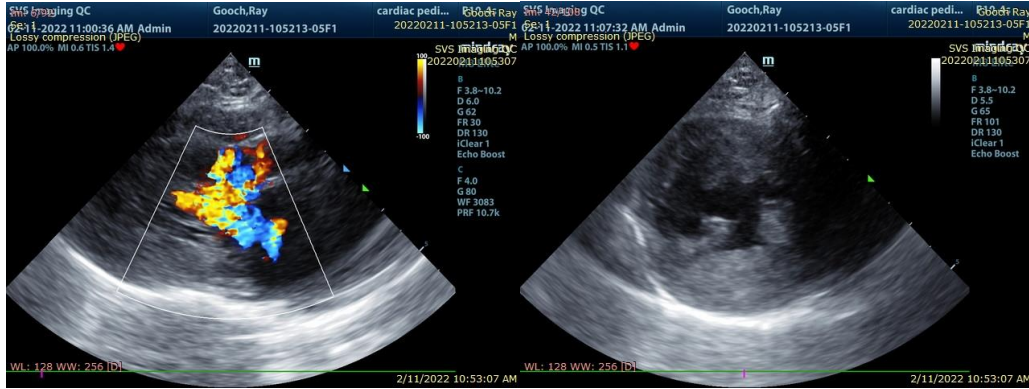
2/11/22

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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.

PATIENT

Ray Gooch

Keith Blass, DVM, MS, DACVIM (Cardiology)
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631-804-5754

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