

**PRESENTING CLINICAL SIGNS**

**DATE** History: Presented on 3/1/23 for chronic diarrhea and weight loss. Radiographs showed cardiomegaly and BNP was abnormal. T4, chemistry WNL. Grade 3/6 sternal murmur. BP WNL.  
3/10/23

**ECHOCARDIOGRAPHIC FINDINGS**

2D, M-mode, and Doppler study.

**PERFORMED BY**

Dr. Eileen Jenkins

**INTERPRETED BY**

Keith Blass, DVM,  
MS, DACVIM  
(Cardiology)

Left atrial size is normal. The mitral valve appears normal, though mild mitral regurgitation is present. There is borderline mild left ventricular hypertrophy. Left ventricular internal dimensions are normal. Left ventricular systolic function is hyperdynamic. The aorta and aortic valve appear normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve is normal. The pulmonary artery and pulmonic valve appear normal. No heartworms are visualized. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus rhythm

**PATIENT**

Buddy Peters

LA - 15.3 mm  
IVSd - 5.8 mm  
LVPWd - 5.7 mm  
LVIDd - 12.0 mm  
LVIDs - 5.1 mm  
FS - 57.5%  
RA - 9.0 mm

**SPECIES**

Feline

**ASSESSMENT/RECOMMENDATIONS**

**BREED**

Bengal

This examination demonstrates mild regurgitation of blood across Buddy's mitral valve. The hemodynamic effects of the regurgitation also appear to be mild, as Buddy does not have secondary dilation of his left atrium, indicating that his current risk for the development of congestive heart failure and/or thromboembolic disease appears to be fairly low.

**SEX**

MN

Also seen in this exam is borderline mild hypertrophy of Buddy's left ventricular walls. While below the definitive wall thickness of 6 millimeters to diagnose hypertrophic cardiomyopathy (HCM), some cats with wall thicknesses above 5.5 millimeters will be affected with the disease, therefore, it's possible that mild disease could be present.

**AGE**

14 y

No therapy is recommended based on this exam.

A recheck echocardiogram is recommended in 6 months. Thoracic radiographs are recommended if Buddy experiences respiratory clinical signs.

**WEIGHT**

4 kg

**HOSPITAL NAME**

Huntsville Vet Spec. &  
Emergency

**REFERRING VET**

Dr. Jenkins



DATE

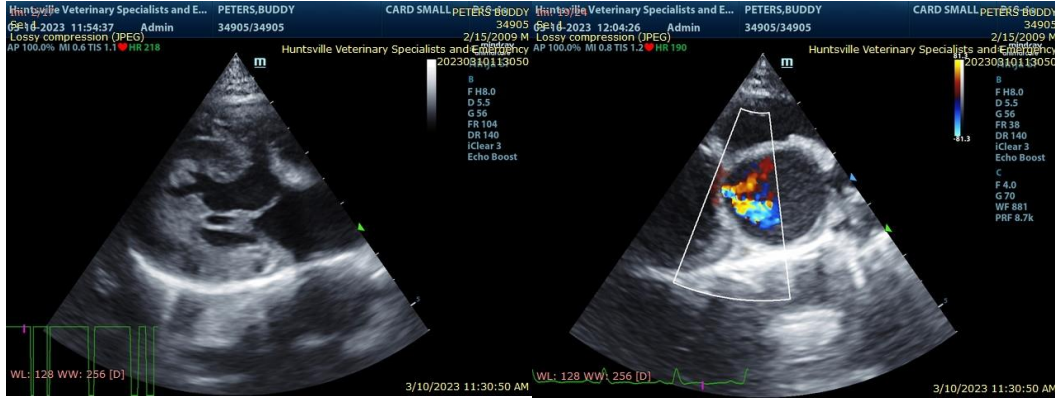
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

PATIENT

Buddy Peters

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.

SPECIES

Feline

Keith Blass, DVM, MS, DACVIM (Cardiology)  
KeithBlass@gmail.com  
631-804-5754

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Bengal

SEX

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