



PATIENT

Rosie Mikulec

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14 y

WEIGHT

10.6 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Andrea Nicastro, DVM,
DACVIM

HOSPITAL NAME

Ashley Pines

REFERRING VET

Dr. Winney

INVOICE

DATE

3/10/26

PRESENTING CLINICAL SIGNS

Weight loss, inappetence for 2 weeks, not wanting to move. Mild tachypnea last night.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

There is mild left atrial dilation. The mitral valve is normal. There is mild hypertrophy of the interventricular septum. Left ventricular posterior wall thickness is normal. Left ventricular internal dimensions are normal. Left ventricular systolic function is hyperdynamic. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve appears normal, though trace tricuspid regurgitation is present. There is mild dynamic obstruction to flow in the right ventricular outflow tract. The pulmonary artery and pulmonic valve appear normal, though trace pulmonic insufficiency is present. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

LA/Ao – 1.79
IVSd – 6.0 mm
LVPWd – 5.1 mm
LVIDd – 11.3 mm
LVIDs – 4.5 mm
FS – 60.2%
LVOT – 1.30 m/s
RVOT – 2.28 m/s

ASSESSMENT/RECOMMENDATIONS

Hypertrophic cardiomyopathy (HCM)

This examination demonstrates mild hypertrophy of Rosie's interventricular septum, which is likely consistent with the presence of HCM, though systemic hypertension and hyperthyroidism should be ruled out as possible contributing factors. Secondary to her hypertrophy, Rosie has mild dilation of her left atrium. While the presence of mild left atrial dilation indicates that Rosie is at mildly increased risk for the development of left-sided congestive heart failure, the absence of pulmonary edema or pleural effusion in Rosie's radiographs suggests that this is not the cause of her mild tachypnea. Rosie's risk for the development of thromboembolic disease and/or arrhythmia formation is also mildly increased, therefore, careful monitoring for these is recommended.

No reason for Rosie's weight loss and inappetence is appreciated in the image set.

I recommend starting Rosie on clopidogrel (18.75 mg SID), as this medication should help to reduce her risk for cardiac thrombus formation. If Rosie is still tachypneic and no other reason for it can be identified, a trial with furosemide (5 mg BID) can be considered.

A renal/electrolyte profile is recommended in 1-2 weeks if furosemide is started. 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) info@SonoPath.com