



PATIENT

Finn Kochmanski

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

2.5 y

WEIGHT

12 lb

PRESENTING CLINICAL SIGNS

Grade 2/6 parasternal murmur. Coughing/wheezing. BNP 402.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

Left atrial size is normal. 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 is normal. The pulmonary artery and pulmonic valve appear normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

LA/Ao - 1.09

IVSd - 6.1 mm

LVPWd - 5.3 mm

LVIDd - 13.6 mm

LVIDs - 6.0 mm

FS - 55.9%

RA - 11.9 mm

LVOT - 1.12 m/s

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Brandi Kurzowski

HOSPITAL NAME

Corfu VC

REFERRING VET

Dr. Kelper

INVOICE

DATE

3/11/26

ASSESSMENT/RECOMMENDATIONS

Hypertrophic cardiomyopathy (HCM)

This examination demonstrates mild hypertrophy of Finn's interventricular septum, consistent with the presence of HCM. The hemodynamic effects of the hypertrophy appear to be mild at present, as Finn does not have secondary dilation of his left atrium. Given the absence of left atrial dilation, it appears unlikely that Finn's cough/wheeze is cardiogenic in origin, and his current risk for the development of congestive heart failure and/or thromboembolic disease appears to be fairly low.

Thoracic radiographs are recommended to further evaluate Finn's cough/wheeze.

No therapy appears to be warranted at this stage of Finn's cardiac disease.

A recheck echocardiogram is recommended in 6-9 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