



PRESENTING CLINICAL SIGNS

DATE

History: Stumbled, meowed weirdly, then fell over and had shallow breathing. Got up after a minute, stumbled over and hid under a futon. Then ran upstairs and did not want to be touched. No murmur. Intermittent gallop, fine crackles. BNP abnormal. CXR show cardiomegaly and signs of CHF.

3/15/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY

Tom McNeill

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

There is mild to moderate left atrial dilation. The mitral valve appears normal, though mild mitral regurgitation is present. 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 normal. The aorta and aortic are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve appears normal, though mild tricuspid regurgitation is present. TR velocity does not suggest the presence of pulmonary hypertension. The pulmonary artery and pulmonic valve appear normal, though trace pulmonic insufficiency is present. Very mild pericardial effusion is present. No cardiac masses are seen.

PATIENT

Dave Steve Miller

LA - 17.8 mm
LA/Ao - 1.89
RA - 13.5 mm
IVSd - 6.4 mm
LVPWd - 5.5 mm
LVOT - 1.12 m/s
RVOT - 0.96 m/s

SPECIES

Feline

ASSESSMENT/RECOMMENDATIONS
Hypertrophic cardiomyopathy (HCM)

BREED

DMH

SEX

MN

This examination demonstrates mild hypertrophy of Dave's interventricular septum, which is likely consistent with an asymmetric variant of HCM, though both systemic hypertension and hyperthyroidism should be ruled out as possible contributing factors. Secondary to his hypertrophy, Dave has mild to moderate dilation of his left atrium. Given this, it's very likely that the very mild pericardial effusion seen in this exam, as well as the abnormalities noted in Dave's radiographs are due to the development of congestive heart failure. Dave is also at risk for thromboembolic disease, therefore, it's possible that a minor thromboembolic episode could have been the cause of his stumbling/falling over.

A T4 level and blood pressure measurement are recommended.

AGE

12 y

Recommended therapy at this time includes furosemide (10 mg am, 5 mg pm), enalapril (2.5 mg BID), and clopidogrel (18.75 mg SID).

Recheck radiographs and a renal/electrolyte profile are recommended in 1 week. A recheck echocardiogram is recommended in 6 months.

WEIGHT

7.8 kg

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Manhart



DATE

3/15/22

PERFORMED BY

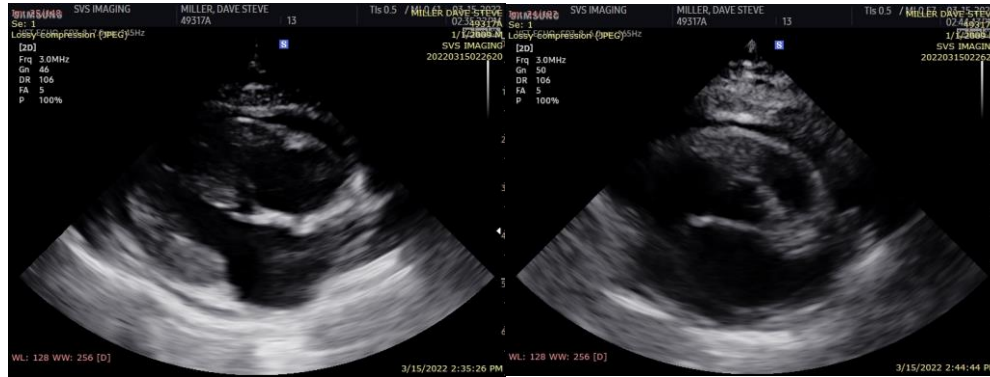
Tom McNeill

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PATIENT

Dave Steve Miller



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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