



**PRESENTING CLINICAL SIGNS**

History: Grade 2/6 murmur. NT-proBNP 181. Suspected idiopathic hypercalcemia.

**DATE**

3/15/23

**ECHOCARDIOGRAPHIC FINDINGS**

2D, M-mode, and Doppler study.

**PERFORMED BY:**

Tom McNeill

**INTERPRETED BY**

Keith Blass, DVM,  
MS, DACVIM  
(Cardiology)

Left atrial size is normal. The mitral valve is normal. There is mild hypertrophy of the interventricular septum, as well as mild to moderate hypertrophy of the left ventricular posterior wall. 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 pulmonary are normal. No pericardial effusion or cardiac masses are seen.

LA/Ao - 1.32  
IVSd - 6.0 mm  
LVPWd - 6.7 mm  
LVIDd - 13.3 mm  
LVIDs - 4.3 mm  
FS - 67.7%  
RVOT - 0.87 m/s

**PATIENT**

Elliot Christian

**ASSESSMENT/RECOMMENDATIONS**

Hypertrophic cardiomyopathy (HCM)

**SPECIES**

Feline

This examination demonstrates hypertrophy of Elliot's left ventricular walls, which is very likely consistent with the presence of HCM, though both systemic hypertension and hyperthyroidism should be ruled out as possible contributing factors. The hemodynamic effects of the hypertrophy appear to be fairly mild at present, as Elliot 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.

**BREED**

**DMH**

No therapy is recommended at this stage of disease.

**SEX**

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

**MN**

**AGE**

15 y

**WEIGHT**

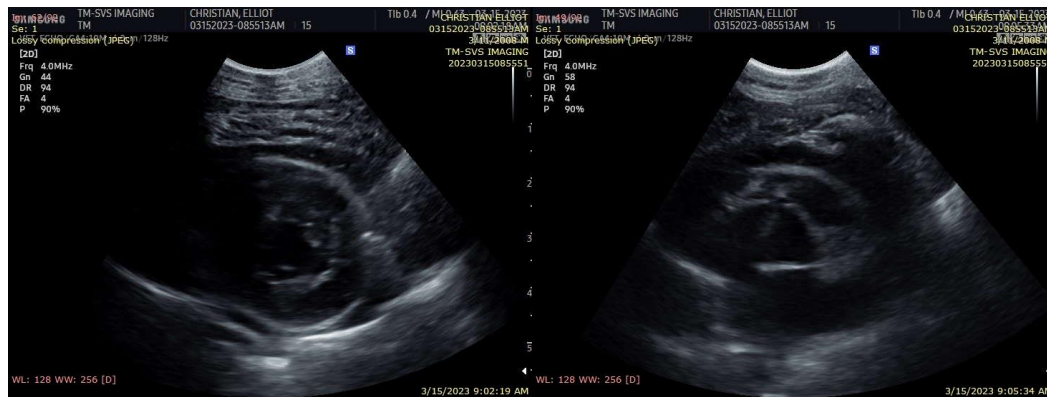
14.91 lb

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

Dr. White



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.

**DATE**

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.

3/15/23

**PERFORMED BY:**

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

Tom McNeill

**INTERPRETED BY**

Keith Blass, DVM,  
MS, DACVIM  
(Cardiology)

**PATIENT**

Elliot Christian

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