


PRESENTING CLINICAL SIGNS

DATE History: Six month history of wheezing and difficulty breathing. Radiographs show cardiomegaly.

3/24/23 **ECHOCARDIOGRAPHIC FINDINGS**
 2D, M-mode, and Doppler study.

PERFORMED BY: There is severe left atrial dilation. Left auricular function is depressed and spontaneous contrast is visible in the auricle. The mitral valve appears normal, though trace mitral regurgitation is present. There is mild hypertrophy of the basilar-most portion of the interventricular septum. The remainder of the septum and left ventricular posterior wall are normal in thickness. The left ventricular diastolic dimension is normal. Left ventricular systolic function is moderately depressed. The aorta and aortic valve are normal. There is moderate right atrial dilation. Right ventricular dimensions are normal. The tricuspid valve appears normal, though mild tricuspid regurgitation is present. TR velocity is consistent with the presence of mild pulmonary hypertension (PG 37.7 mmHg). The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No heartworms are visualized. No pericardial effusion or cardiac masses are seen.

INTERPRETED BY
 Keith Blass, DVM,
 MS, DACVIM
 (Cardiology)

Amy Mayhew, LVT

PATIENT

Crackers
 Weatherford

LA - 21.2 mm
 LA/Ao - 2.70
 IVSd - 6.0 mm
 LVPWd - 4.4 mm
 LVIDd - 12.5 mm
 LVIDs - 8.8 mm
 FS - 29.6%
 RA - 17.6 mm
 LVOT - 0.70 m/s
 RVOT - 0.51 m/s
 TR - 3.07 m/s

SPECIES

Feline

BREED

Bombay

ASSESSMENT/RECOMMENDATIONS
SEX
MN
AGE

7 y

This examination demonstrates a number of abnormalities, as Crackers has severe dilation of his left atrium, moderate dilation of his right atrium, mild hypertrophy of the basilar portion of his interventricular septum, moderate depression of his left ventricular systolic function, mild regurgitation of blood across his tricuspid valve, and mild pulmonary hypertension. Given the presence of focal septal hypertrophy, it's likely that Crackers suffers from hypertrophic cardiomyopathy (HCM) and the other abnormalities are secondary to this condition, though multiple primary abnormalities cannot be ruled out. While congestive heart failure was not reported to be seen in Crackers' radiographs, he is at high risk for its development (both left- and right-sided), and I suspect that some degree of CHF is present and is the cause of his difficulty breathing. In addition to CHF, Crackers is at high risk for the development of thromboembolic disease and/or arrhythmia formation, and he is also at risk for the development of syncope.

WEIGHT

8.9 lb

A T4 level is recommended. A whole blood taurine level is recommended given the presence of systolic dysfunction, and taurine supplementation (250 mg BID) is recommended if a deficiency is documented.

HOSPITAL NAME

SVS Imaging MI

I recommend starting Crackers on furosemide (5 mg BID), enalapril (1.25 mg BID), pimobendan (1.25 mg BID), and clopidogrel (18.75 mg SID), as these medications should improve his respiratory rate/effort, support his myocardial function, and decrease his risk for thrombus formation, respectively.

REFERRING VET

Dr. Rivas

A renal/electrolyte profile is recommended in 1-2 weeks. A recheck echocardiogram is



recommended in 6 months. Repeat thoracic/abdominal radiographs are recommended any time there is suspicion for the development of CHF.

DATE

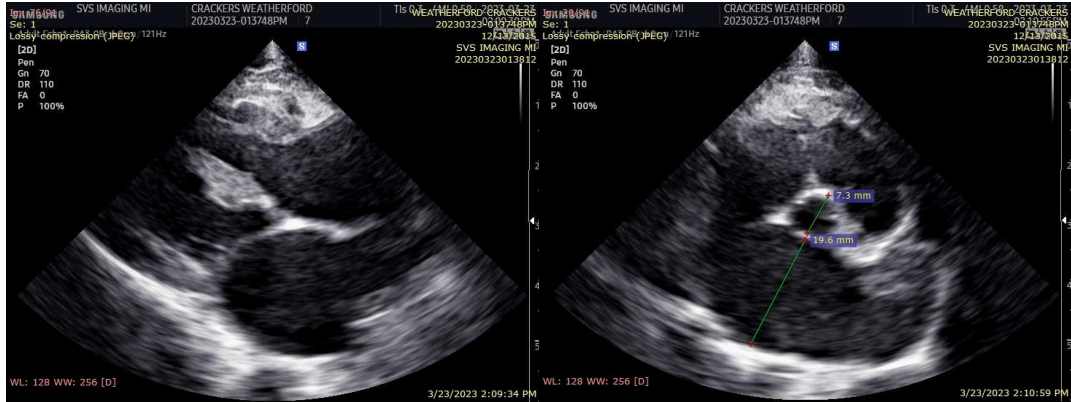
3/24/23

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PATIENT

Crackers
Weatherford

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.

SPECIES

Feline

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)

BREED

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Bombay

SEX

MN

AGE

7 y

WEIGHT

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HOSPITAL NAME

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REFERRING VET

Dr. Rivas