



DATE PRESENTING CLINICAL SIGNS

3/6/23

History: Diagnosed with HCM and possible SAM in February 2022, however, no evidence of cardiac disease was seen during a recheck echo on 5/18/22. Receiving atenolol 6.25 mg BID. Doing well.

ECHOCARDIOGRAPHIC FINDINGS

PERFORMED BY:

2D, M-mode, and Doppler study.

Dr. Meredith Swart

Left atrial size is normal. Left ventricular wall thickness is normal. Left ventricular internal dimensions are normal. Left ventricular systolic function is hyperdynamic. There is very mild systolic anterior motion of the mitral valve chordae tendinae creating very mild dynamic obstruction to flow in the left ventricular outflow tract. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid is normal. The pulmonary artery and pulmonic are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

PATIENT

Scarlet No'Haira
Chewing

LA - 12.2 mm
IVSd - 5.1 mm (prev. 5.1 mm)
LVPWd - 4.4 mm (prev. 4.5 mm)
LVIDd - 13.2 mm (prev. 13.8 mm)
LVIDs - 5.8 mm (prev. 7.1 mm)
FS - 56% (prev. 48.5%)
RA - 9.1 mm
LVOT - 1.58 m/s (prev. 1.27 m/s)

SPECIES

Feline

ASSESSMENT/RECOMMENDATIONS

BREED

Sphinx

This examination demonstrates very mild systolic anterior motion (SAM) of Scarlet's mitral valve chordae tendinae, consistent with the presence of her previously suspected mitral valve dysplasia. The hemodynamic effects of the SAM also appear to be mild, as Scarlett does not have secondary hypertrophy of her left ventricle or dilation of her left atrium in today's exam, indicating that her cardiac function appears to be well-compensated.

SEX

No change in therapy is recommended at this time.

FS

A recheck echocardiogram is recommended in 12 months, sooner if new clinical signs compatible with cardiac dysfunction develop.

AGE

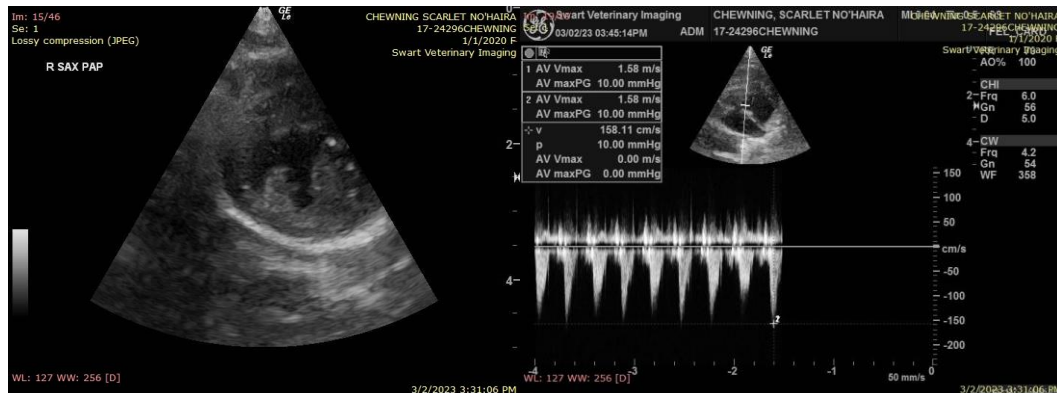
3 y

WEIGHT

6.7 lb

HOSPITAL NAME

Swart Veterinary
Imaging



REFERRING VET

Dr. Swart



DATE 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.

3/6/23

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.

PERFORMED BY:

Dr. Meredith Swart

Keith Blass, DVM, MS, DACVIM (Cardiology)

INTERPRETED BY

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631-804-5754

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