


**RESENTING CLINICAL SIGNS**

**DATE** History: Grade 4/6 sternal murmur. BNP 157. Familial history of HCM. IRIS stage 2 CKD. Normotensive.

4/26/23

**ECHOCARDIOGRAPHIC FINDINGS**

2D, M-mode, and Doppler study.

**PERFORMED BY:**

Dr. Eileen Jenkins

**INTERPRETED BY**

Keith Blass, DVM,  
MS, DACVIM  
(Cardiology)

Left atrial size is normal. There is mild hypertrophy of the basilar-most portion of the interventricular septum at an attachment site of a left ventricular moderator band. Left ventricular posterior wall thickness is normal. Left ventricular internal dimensions are normal. Left ventricular systolic function is hyperdynamic. There is systolic anterior motion of the mitral valve leaflets creating mild dynamic obstruction to flow in the left ventricular outflow tract, with mild secondary mitral regurgitation. 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, though trace pulmonic insufficiency is present. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

**PATIENT**

Lewis Hooker

LA - 14.2 mm  
IVSd - 6.6 mm  
LVPWd - 5.6 mm  
LVIDd - 16.3 mm  
LVIDs - 6.8 mm  
FS - 58%  
RA - 10.0 mm  
LVOT - 3.04 m/s  
RVOT - 1.23 m/s

**SPECIES**

Feline

**ELECTROCARDIOGRAPHIC FINDINGS**
**BREED**

A six lead ECG is submitted for review.

**DSH**

HR: 200 bpm  
Rhythm: Sinus

**SEX**

Normal sinus rhythm is present throughout this recording. The MEA is normal. All complex amplitudes and intervals are within normal limits. No premature beats or conduction blocks are seen.

**MN**
**RADIOGRAPHIC FINDINGS**
**AGE**

Three-view thoracic radiographs are submitted for review.

16 y

The cardiac silhouette is normal in size. The pulmonary vessels are within normal limits. The pulmonary parenchyma and pleural space are within normal limits. The trachea is normal. The remainder of the thorax is unremarkable.

**WEIGHT**

4.6 kg

**ASSESSMENT/RECOMMENDATIONS**

Hypertrophic obstructive cardiomyopathy (HOCM)

**HOSPITAL NAME**

Huntsville Vet. Spec.  
& Emergency

Lewis's echocardiogram demonstrates mild hypertrophy of the basilar-most portion of his interventricular septum, consistent with an asymmetric variant of HCM. Associated with his hypertrophy, Lewis has systolic anterior motion (SAM) of his mitral valve leaflets, which is creating mild dynamic obstruction to flow in his left ventricular outflow tract. The hemodynamic effects of Lewis's disease appear to be mild at present, as he does not have secondary dilation of his left atrium, indicating that his current risk for the development of congestive heart failure

**REFERRING VET**

Dr. Jenkins



and/or thromboembolic disease appears to be fairly low.

**DATE**

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No abnormalities are seen in Lewis's ECG or thoracic radiographs.

Consideration can be given to starting Lewis on atenolol (6.25 mg BID), as this medication may help to reduce the severity of, or relieve, his SAM.

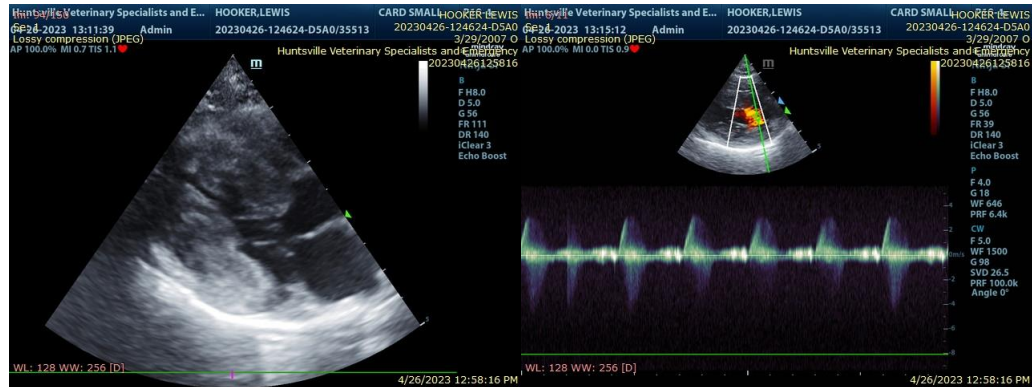
**PERFORMED BY:**

Dr. Eileen Jenkins

A recheck echocardiogram is recommended in 6-9 months, sooner if new clinical signs compatible with cardiac dysfunction develop.

**INTERPRETED BY**

Keith Blass, DVM,  
MS, DACVIM  
(Cardiology)



**PATIENT**

Lewis Hooker

**SPECIES**

Feline

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.

**BREED**

DSH

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.

**SEX**

Keith Blass, DVM, MS, DACVIM (Cardiology)

**MN**

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631-804-5754

**AGE**

16 y

**WEIGHT**

4.6 kg

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