



**PRESENTING CLINICAL SIGNS**

History: Gallop sound ausculted. Radiographs show elongated cardiac silhouette. ECG – sinus rhythm

DATE

4/27/22

**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 left auricle is dilated and its function is depressed, though no thrombi are visualized in the auricle. The mitral valve appears normal. There is severe hypertrophy of the left ventricular posterior wall. Interventricular septal wall thickness is normal. Left ventricular internal dimensions are normal. Left ventricular systolic function is normal. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve appears normal. The pulmonary artery and pulmonic valve are normal. No pericardial effusion or cardiac masses are seen.

PATIENT

Tangwyn Downing

LA/Ao – 1.93  
IVSd – 4.6 mm  
LVPWd – 8.0 mm  
LVIDd – 13.1 mm  
LVIDs – 7.0 mm  
FS – 46.5%  
LVOT – 0.52 m/s  
RVOT – 0.82 m/s

SPECIES

Feline

**ASSESSMENT/RECOMMENDATIONS**

Hypertrophic cardiomyopathy (HCM)

BREED

Devon Rex

This examination demonstrates severe hypertrophy of Tangwyn's left ventricular posterior wall, which is very likely consistent with the presence of HCM, though both systemic hypertension and hyperthyroidism should be ruled out as possible contributing factors. Secondary to his hypertrophy, Tangwyn has mild to moderate dilation of his left atrium. Given this, Tangwyn is at risk for the development of congestive heart failure, thromboembolic disease, and/or arrhythmia formation, therefore, careful monitoring for clinical signs associated with these conditions is recommended.

SEX

MN

Recommended therapy based on this exam includes enalapril (1.25 mg BID) and clopidogrel (18.75 mg SID).

AGE

11 y

A renal/electrolyte profile is recommended in 1-2 weeks. A recheck echocardiogram is recommended in 6 months. Thoracic radiographs are recommended if Tangwyn experiences respiratory clinical signs.

WEIGHT

9 lb

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Meyers



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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.

PATIENT

Tangwyn Downing

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

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