



PRESENTING CLINICAL SIGNS

History: Previously diagnosed with HOCM. Has been lip smacking. Receiving benazepril 2.5 mg BID and atenolol 6.25 mg SID.

DATE

4/28/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Amy Mayhew, LVT

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

There is moderate left atrial dilation. The left auricle is dilated, though no spontaneous contrast or thrombi are visualized. The mitral valve appears normal, though mild mitral regurgitation is present. No evidence of SAM is seen. There is severe hypertrophy of the basilar portion of the interventricular septum, as well as mild hypertrophy of the left ventricular posterior wall. 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 leaflets are mildly thickened, and a mild jet of tricuspid regurgitation is present. TR velocity does not suggest the presence of pulmonary hypertension. The pulmonary artery and pulmonic valve are normal. No pericardial effusion or cardiac masses are seen.

PATIENT

Franz Bigelow

SPECIES

Feline

LA - 20.0 mm
LA/Ao - 2.29
IVSd - 8.0 mm
LVPWd - 6.4 mm
LVIDd - 17.4 mm
LVIDs - 10.5 mm
FS - 39.7%
RA - 12.6 mm
LVOT - 0.87 m/s

BREED

ASSESSMENT/RECOMMENDATIONS

Hypertrophic cardiomyopathy (HCM)

DSH

This examination demonstrates progression of Franz's cardiac disease over the past two years, as he now has moderate dilation of his left atrium. Given this, it's likely that his pulmonary crackles and mild radiographic pulmonary infiltrate are due to the development of early left-sided

SEX

congestive heart failure (CHF). In addition to CHF, Franz is at risk for thromboembolic disease and arrhythmia formation, therefore, careful monitoring for the development of clinical signs

MN

associated with these conditions is recommended.

AGE

12 y

I recommend adding both furosemide (6.25 mg BID) and clopidogrel (18.75 mg SID) to Franz's current therapy with benazepril. As for atenolol, I recommend tapering the medication (ex. 6.25 mg every other day for one week, 6.25 mg every 3 days for one week), with the goal of discontinuing it (the negative inotropic property of the medication could potentially make it more difficult to control Franz's CHF).

WEIGHT

13 lb

Recheck radiographs and a renal/electrolyte profile are recommended in 1 week. A recheck echocardiogram is recommended in ~6 months.

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Dr. Mayhew



DATE

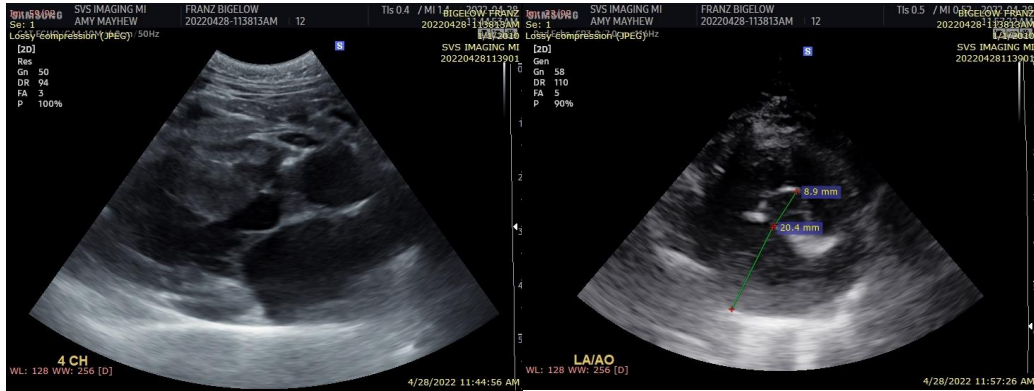
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Franz Bigelow

Keith Blass, DVM, MS, DACVIM (Cardiology)
KeithBlass@gmail.com
631-804-5754

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