


**DATE PRESENTING CLINICAL SIGNS**

4/3/23

History: Increase abdominal breathing effort, moderate wheezing. MM pale pink. Bloody saliva around mouth. Radiographs show an unstructured pulmonary interstitial pattern in the ventral lungs and a mild bronchial pattern in the caudodorsal lungs.

**PERFORMED BY: ECHOCARDIOGRAPHIC FINDINGS**

Kelly Reschny

2D, M-mode, and Doppler study.

**INTERPRETED BY**

 Keith Blass, DVM,  
 MS, DACVIM  
 (Cardiology)

There is mild left atrial dilation. The mitral valve appears normal, though very mild mitral regurgitation is present. There is mild left ventricular hypertrophy. Left ventricular internal dimensions are normal. Left ventricular systolic function is mildly hyperdynamic. 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 are normal. No shunting lesions are visualized. No heartworms are visualized. No pericardial effusion or cardiac masses are seen. Very mild pleural effusion is present.

**PATIENT**

 Clark Griswold  
 Mogridge

LA/Ao - 1.73  
 IVSd - 6.1 mm  
 LVPWd - 6.1 mm  
 LVIDd - 9.0 mm  
 LVIDs - 4.1 mm  
 FS - 54.5%  
 RA - 18.9 mm  
 LVOT - 1.55 m/s  
 RVOT - 0.62 m/s

**SPECIES**

Feline

**ASSESSMENT/RECOMMENDATIONS**
**BREED**

Hypertrophic cardiomyopathy (HCM)

**DSH**

This examination demonstrates mild hypertrophy of Clark Griswold's left ventricular walls, 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, Clark has mild dilation of his left atrium. Given the presence of mild left atrial dilation, it's possible that the interstitial infiltrate seen in Clark's radiographs, as well as the very mild pleural effusion seen in this exam, could be cardiogenic in origin.

**SEX**

FS

A trial with furosemide (~1 mg/kg BID) is recommended. I also recommend starting Clark on clopidogrel (18.75 mg SID), as this medication should reduce his risk for cardiac thrombus formation.

**AGE**

8 y

Recheck radiographs are recommended in 48 hours. If furosemide is to be used long-term, the addition of enalapril (1.25 mg BID) would also be warranted, and a renal/electrolyte profile is recommended 1 weeks after the medication is started. A recheck echocardiogram is recommended in 6 months.

**WEIGHT**

3.9 kg

**HOSPITAL NAME**

 Beattie Pet Hospital  
 Stoney Creek

**REFERRING VET**

Dr. Salib



DATE

4/3/23

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MS, DACVIM  
(Cardiology)



PATIENT

Clark Griswold  
Mogridge

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.

SPECIES

Feline

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

BREED

DSH

SEX

FS

AGE

8 y

WEIGHT

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REFERRING VET

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