



**RESENTING CLINICAL SIGNS**

History: Grade 3/6 murmur. Elevated BNP (324). Pre-anesthetic evaluation (dental).

**DATE**

5/12/22

**ECHOCARDIOGRAPHIC FINDINGS**

2D, M-mode, and Doppler study.

**PERFORMED BY:**

Kelly Vazquez

**INTERPRETED BY**

Keith Blass, DVM,  
MS, DACVIM  
(Cardiology)

Left atrial size is normal. The mitral valve appears normal, though mild mitral regurgitation is present. There is mild hypertrophy of the interventricular septum. Left ventricular posterior wall thickness is normal. Left ventricular internal dimensions are normal. Left ventricular systolic function is 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 pericardial effusion or cardiac masses are seen.

LA/Ao - 1.44  
IVSd - 6.5 mm  
LVPWd - 4.8 mm  
LVIDd - 16.0 mm  
LVIDs - 5.5 mm  
FS - 65.6%  
RA - 18.6 mm  
LVOT - 1.79 m/s  
RVOT - 1.29 m/s

**PATIENT**

Dallas Morales

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

8 y

**WEIGHT**

18.6 lb

**HOSPITAL NAME**

Ringwood AH

**REFERRING VET**

Dr. Wilkes

**ASSESSMENT/RECOMMENDATIONS**

Hypertrophic cardiomyopathy (HCM)

This examination demonstrates mild hypertrophy of Dalla's interventricular septum, which is likely consistent with an asymmetric variant of HCM, though both systemic hypertension and hyperthyroidism should be ruled out as possible contributing factors. The hemodynamic effects of the hypertrophy appear to be fairly mild at present, as Dallas does not have secondary dilation of his left atrium, indicating that his current risks for naturally occurring congestive heart failure and/or thromboembolic disease appear to be low.

Dallas' cardiovascular risk for general anesthesia, especially his risk for fluid overload, is mildly to moderately, increased based on this exam, therefore, precautions should be taken in order to minimize this risk. I recommend avoiding the use of alpha-2 agonists, ketamine, and telazol in the anesthetic protocol, as well as reducing the IV fluid rate by at least 25%. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

No therapy is recommended at this stage of disease.

A recheck echocardiogram is recommended in ~6 months. Thoracic radiographs are recommended if Dallas experiences respiratory clinical signs.



DATE

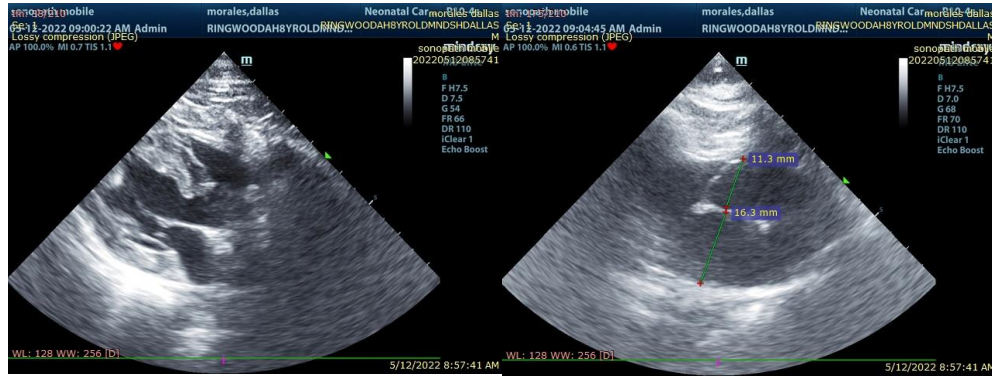
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PATIENT

Dallas Morales

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

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