


PRESENTING CLINICAL SIGNS

DATE History: Respiratory distress and hyperthermia (T 104) yesterday. Improved quickly with Lasix injection and O2 supplementation. Grade II murmur. Radiographs showed cardiomegaly but no obvious pulmonary edema/pleural effusion.

6/14/23

ECHOCARDIOGRAPHIC FINDINGS

PERFORMED BY: 2D, M-mode, and Doppler study.

Dr. Meredith Swart Left atrial size is normal. The mitral valve appears normal, though trace mitral regurgitation is present. There is borderline mild hypertrophy of the left ventricular posterior wall.

INTERPRETED BY Interventricular septal 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 shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

PATIENT LA/Ao – 1.30
IVSd – 5.3 mm
LVPWd – 5.6 mm
LVIDd – 12.8 mm
LVIDs – 5.4 mm
FS – 57.8%

Loomis Byrd

SPECIES LVOT – 1.23 m/s
RVOT – 1.14 m/s

Feline **ASSESSMENT/RECOMMENDATIONS**

BREED This examination demonstrates borderline mild hypertrophy of Loomis's left ventricular posterior wall. While below the definitive threshold of 6 millimeters to be diagnostic for hypertrophic cardiomyopathy (HCM), some cats with wall thicknesses above 5.5 millimeters will be affected with the disease, therefore, its presence cannot be ruled out. If HCM is present, the hemodynamic effects of the disease would appear to be mild, as Loomis does not have secondary dilation of his left atrium. Given the absence of left atrial dilation, it would be unusual if Loomis experienced an episode of congestive heart failure as the cause of his respiratory distress, especially considering that his radiographs reportedly showed no evidence of pulmonary edema or pleural effusion, therefore, non-cardiac causes should also be considered. Loomis's cardiac disease should not result in the development of hyperthermia, therefore, other causes of this finding should be considered.

Maine Coon

SEX

MN

AGE While furosemide therapy could be continued if the medication has improved Loomis' breathing (it's unclear whether the furosemide, oxygen, or resolution of a transient cause of distress resulted in Loomis' improvement), no specific indication for cardiac therapy is appreciated in his echocardiogram.

8 y

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

17.8 lb

HOSPITAL NAME

Swart Veterinary
Imaging

REFERRING VET

Dr. Swart



DATE

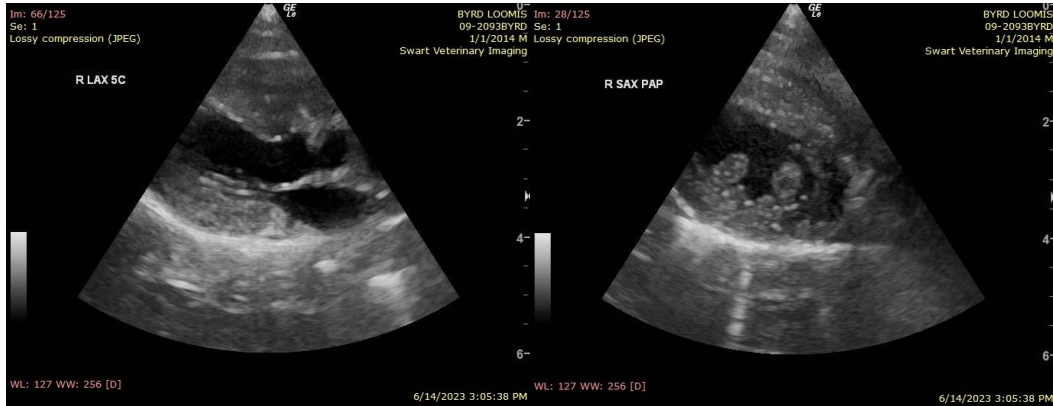
6/14/23

PERFORMED BY:

Dr. Meredith Swart

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)



PATIENT

Loomis Byrd

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

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631-804-5754

BREED

Maine Coon

SEX

MN

AGE

8 y

WEIGHT

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