



PRESENTING CLINICAL SIGNS

History: Grade III/VI murmur. Radiographs show an enlarged cardiac silhouette.

DATE

6/28/23

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Shari Reffi, CVT

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

Left atrial size is normal. There is mild hypertrophy of the basilar-most portion of the interventricular septum, as well as mild hypertrophy of the left ventricular posterior wall. Left ventricular internal dimensions are normal. There is systolic anterior motion of the mitral valve chordae tendinae creating mild dynamic obstruction to flow in the left ventricular outflow tract, with very mild secondary mitral regurgitation. 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.

PATIENT

Cosmo DiBella

LA/Ao - 1.31
IVSd - 6.6 mm
LVPWd - 6.1 mm
LVIDd - 15.0 mm
LVIDs - 6.3 mm
FS - 58%
LVOT - 2.95 m/s
RVOT - 0.83 m/s

SPECIES

Feline

ASSESSMENT/RECOMMENDATIONS

Hypertrophic obstructive cardiomyopathy (HCM)

BREED

DSH

SEX

MN

AGE

6 y

WEIGHT

8.16 lb

HOSPITAL NAME

Milford AH

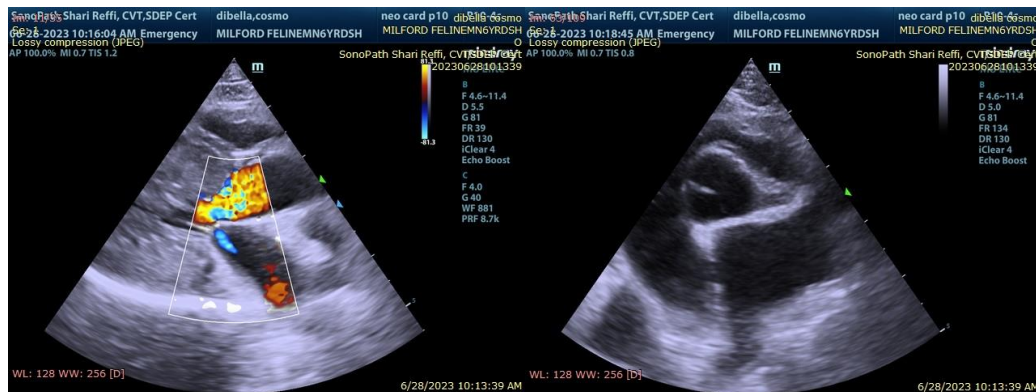
REFERRING VET

Dr. Grasso

This examination demonstrates mild hypertrophy of Cosmo's basilar interventricular septum and left ventricular posterior wall, consistent with the presence of HCM. Associated with his hypertrophy, Cosmo has systolic anterior motion (SAM) of his mitral valve chordae tendinae, which is creating mild dynamic obstruction to flow in his left ventricular outflow tract. The hemodynamic effects of Cosmo's disease appear to be mild at present, as Cosmo does not have secondary dilation of his left atrium, indicating that his current risk for the development of congestive heart failure and/or thromboembolic disease appears to be low.

No therapy is recommended at this stage of disease.

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





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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.

PERFORMED BY:

Shari Reffi, CVT

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