

DATE History: Murmur. Recent lethargy and hiding.

6/30/23 **ECHOCARDIOGRAPHIC FINDINGS**
2D, M-mode, and Doppler study.

PERFORMED BY: Left atrial size is normal. There is mild hypertrophy of the basilar-most portion of the interventricular septum. Left ventricular posterior wall thickness is normal. Left ventricular internal dimensions are normal. Left ventricular systolic function is mildly hyperdynamic. There is systolic anterior motion of the mitral valve leaflets creating very mild dynamic obstruction to flow in the left ventricular outflow tract, with mild secondary mitral regurgitation. 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.

Dr. Meredith Swart

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

PATIENT
Texie Costen

IVSd – 6.3 mm
LVIDd – 12.2 mm
LVIDs – 5.5 mm
FS – 54.9%
LVOT – 1.50 m/s
RVOT – 1.08 m/s

SPECIES **ASSESSMENT/RECOMMENDATIONS**
Hypertrophic obstructive cardiomyopathy (HOCM)

Feline This examination demonstrates mild hypertrophy of the basilar-most portion of Texie'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. Associated with her hypertrophy, Texie has systolic anterior motion of her mitral valve leaflets, which is creating very mild dynamic obstruction to flow in her left ventricular outflow tract. The hemodynamic effects of Texie's disease appear to be mild, as she does not have secondary dilation of her left atrium. Given this, Texi's current risk for the development of congestive heart failure or thromboembolic disease appears to be low, and it's unlikely that her lethargy and hiding is cardiogenic in origin.

BREED

DSH

SEX

FS No therapy is recommended at his stage of disease.

AGE A recheck echocardiogram is recommended in 6-9 months, sooner if new clinical signs compatible with cardiac dysfunction (ex. labored breathing, collapse, limb paralysis) develop.

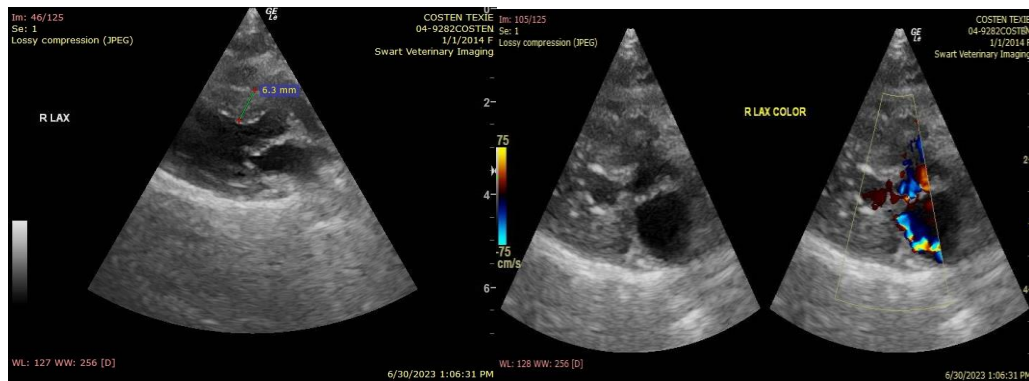
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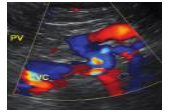
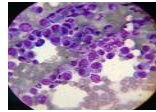
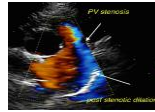
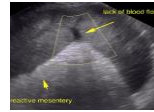
WEIGHT
10.5 lb

HOSPITAL NAME
Swart Veterinary
Imaging

REFERRING VET

Dr. Swart





DATE

6/30/23

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.

PERFORMED BY:

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.

Dr. Meredith Swart

INTERPRETED BY

Keith Blass, DVM, MS, DACVIM (Cardiology)
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Keith Blass, DVM,
MS, DACVIM
(Cardiology)

PATIENT

Texie Costen

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

9 y

WEIGHT

10.5 lb

HOSPITAL NAME

Swart Veterinary
Imaging

REFERRING VET

Dr. Swart