


PRESENTING CLINICAL SIGNS

DATE History: Abnormal BNP. Cardiomegaly on radiographs. Seen at ER on 6/1 for seizures. BP 200. Currently receiving gabapentin and clopidogrel.

6/7/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Loetitia Saint-Jacques, LVT

INTERPRETED BY

Keith Blass, DVM, MS, DACVIM (Cardiology)

There is moderate to severe left atrial dilation. Spontaneous contrast is visible in the left auricle. The mitral valve appears normal, though trace mitral regurgitation is present. There is severe hypertrophy of the left ventricular posterior wall, as well as mild hypertrophy of the interventricular septum. Left ventricular internal dimensions are normal. Left ventricular systolic function is normal. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve is normal. The pulmonary artery and pulmonary are normal. No shunting lesions are visualized. Trace pericardial effusion is present. No cardiac masses are seen.

PATIENT

Romeo Keiffer

LA/Ao – 2.26
 IVSd – 6.0 mm
 LVPWd – 9.8 mm
 LVIDd – 13.4 mm
 LVIDs – 7.2 mm
 FS – 46%
 LVOT – 1.23 m/s
 RVOT – 1.16 m/s

SPECIES

Feline

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG was recorded.

BREED

HR: 150 bpm
 Rhythm: Sinus

DSH

Normal sinus rhythm is present throughout this recording. The MEA is normal. All complex amplitudes and intervals are within normal limits. No premature beats or conduction blocks are seen.

SEX
ASSESSMENT/RECOMMENDATIONS
MN

Hypertrophic cardiomyopathy (HCM)

AGE

12 y

This examination demonstrates hypertrophy of Romeo's left ventricular walls, consistent with HCM, though a contribution from Romeo's hypertension or hyperthyroidism (if present) cannot be ruled out. Secondary to his hypertrophy, Romeo has moderate to severe dilation of his left atrium. Given the severity of Romeo's disease, it's certainly possible that he could have experienced a syncopal episode, or potentially a thromboembolic episode, though seizure activity cannot be ruled out. The presence of trace pericardial effusion suggests that Romeo is experiencing early signs of congestive heart failure, and he is at risk for the development of more fulminant CHF, therefore, careful monitoring of his respiratory rate/effort is recommended.

WEIGHT

6.72 kg

HOSPITAL NAME

VCA Feline AH

Continued use of clopidogrel is recommended based on this exam, as is therapy with furosemide 6.25 mg BID and enalapril (2.5 mg BID). Should Romeo's blood pressure be persistently elevated, additional therapy with amlodipine (0.625-1.25 mg SID) would be warranted.

REFERRING VET

Dr. Fleming

A renal/electrolyte profile is recommended in 1-2 weeks. A recheck echocardiogram is recommended in 6 months. Thoracic radiographs are recommended if Romeo experiences respiratory difficulty.



DATE

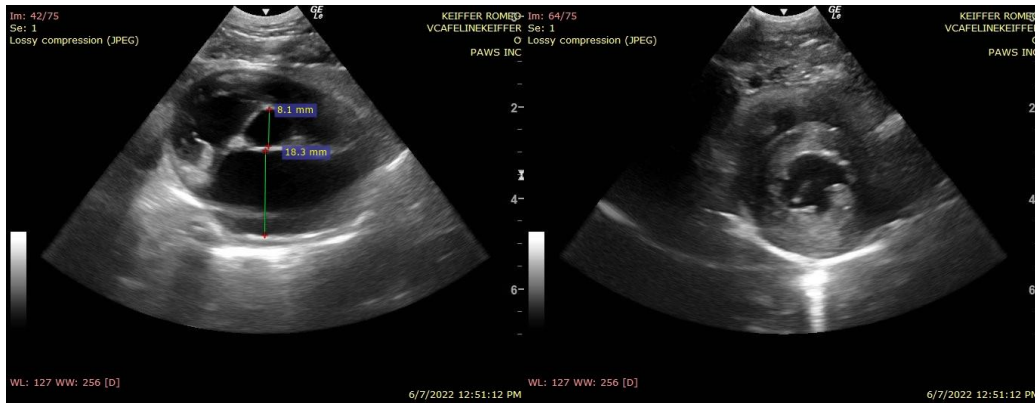
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PATIENT

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.

Romeo Keiffer

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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