


PRESENTING CLINICAL SIGNS

History: Presented for vomiting, labored breathing, and a few episodes of ataxia. Losing weight.
 FAST scan showed pleural effusion. Thoracocentesis revealed a lymphocytic effusion.

DATE

6/8/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Tom McNeill

INTERPRETED BY

 Keith Blass, DVM,
 MS, DACVIM
 (Cardiology)

PATIENT

Mary Samadzada

SPECIES

Feline

ASSESSMENT/RECOMMENDATIONS
BREED
DLH
SEX
FS
AGE
13 y
WEIGHT

3.05 kg

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Patton

This examination demonstrates mild hypertrophy of Mary's interventricular septum, which is likely consistent with the presence of hypertrophic cardiomyopathy (HCM), though both systemic hypertension and hyperthyroidism should be ruled out as possible contributing factors. While hypertrophy is present, the hemodynamic effects of it appear to be mild, as Mary does not have secondary dilation of her left atrium. While a cardiogenic cause of Mary's pleural effusion cannot be ruled out, the absence of left atrial dilation suggests that non-cardiac causes of a lymphocytic effusion should also be considered, and it's unlikely that Mary's vomiting is cardiogenic in origin. As for Mary's ataxic episodes, the absence of left atrial dilation suggests that a thromboembolism of cardiac origin is unlikely to have occurred, though an arrhythmia cannot be ruled out as a possible cause.

An ECG is recommended to evaluate for the presence of an arrhythmia. A T4 level and blood pressure measurement are recommended.

Repeat thoracocentesis is recommended if the submitted images were recorded after the procedure was performed.

Given the possible presence of a cardiogenic effusion, a trial with furosemide (3.125 mg BID) is recommended.

Thoracic radiographs and a renal/electrolyte profile are recommended in 1 week. A recheck echocardiogram is recommended in 6 months



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PATIENT

Mary Samadzada



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 Keith Blass, DVM, MS, DACVIM (Cardiology)

Feline KeithBlass@gmail.com
631-804-5754

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