


PRESENTING CLINICAL SIGNS

DATE History: One pound weight loss over the past 7 months. Abdominal breathing recently. History of HCM and lung lobe torsion. Receiving atenolol and clopidogrel.

7/14/23

ECHOCARDIOGRAPHIC FINDINGS

2D and M-mode study.

PERFORMED BY:

Jessica Miller

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

There is moderate to severe left atrial dilation. The mitral valve appears normal, though mild mitral regurgitation is present. There is mild hypertrophy of the interventricular septum. Left ventricular posterior wall thickness is normal. Left ventricular internal dimensions are normal. Left ventricular systolic function measures near the lower limit of normal. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions appear normal. The tricuspid valve appears normal, though mild tricuspid regurgitation is present. The pulmonary artery and pulmonic valve are normal. No pericardial effusion or cardiac masses are seen.

PATIENT

Oliver Guz

LA/Ao - 2.47
IVSd - 6.1 mm
LVPWd - 5.0 mm
LVIDd - 16.9 mm
LVIDs - 10.8 mm
FS - 36%
LVOT - 1.01 m/s
RVOT - 0.56 m/s

SPECIES

Feline

ASSESSMENT/RECOMMENDATIONS

Hypertrophic cardiomyopathy (HCM)

BREED

DSH

SEX

MN

This examination demonstrates mild hypertrophy of Oliver's interventricular septum, consistent with his previous diagnosis of HCM. The hemodynamic effects of the hypertrophy are significant, as Oliver has moderate to severe secondary dilation of his left atrium. Given this, a mild episode of congestive heart failure is likely contributing to his abdominal breathing, though Oliver's radiographs do show the presence of a soft tissue opacity in his mid-left thorax (seen best in the VD image), therefore, a concurrent contributor to his respiratory clinical signs cannot be ruled out. Oliver's cardiac disease also puts him at high risk for thromboembolic disease and arrhythmia formation, therefore, careful monitoring for clinical signs associated with these conditions is recommended.

AGE

14 y

Given the changes seen in this exam and Oliver's radiographs, I recommend starting him on furosemide (6.25 mg BID) and enalapril (2.5 mg BID). I also recommend tapering him off his atenolol over the next 4-6 weeks (unless the medication is being given to control a previously diagnosed arrhythmia). Continued use of clopidogrel is warranted.

WEIGHT

15.8 lb

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

HOSPITAL NAME

Marsh AH

REFERRING VET

Dr. Milwicki



DATE

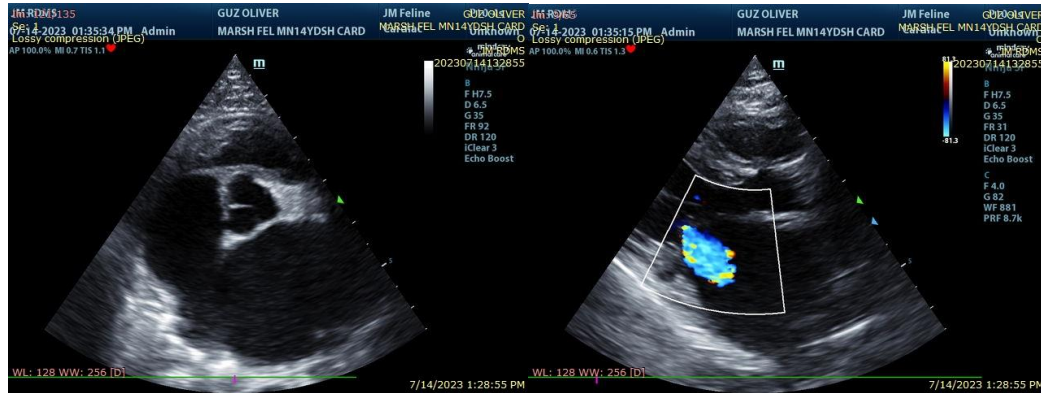
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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