


**PRESENTING CLINICAL SIGNS**
**DATE**

History: Experienced a seizure or syncopal episode 5 months ago and again five weeks later. Over the past week, there have been more frequent episodes. History of a long-reported gallop sound. Increased lung sounds, worse on the right. Radiographs show perihilar edema.

7/21/22

**ECHOCARDIOGRAPHIC FINDINGS**

2D, M-mode, and Doppler study.

**PERFORMED BY:**

Tom McNeill

**INTERPRETED BY**

 Keith Blass, DVM,  
 MS, DACVIM  
 (Cardiology)

There is moderate to severe left atrial dilation. Left auricular function is depressed, and spontaneous contrast is visible within the auricle. The mitral valve appears normal. There is mild hypertrophy of the left ventricular posterior wall. Interventricular septal wall thickness is normal. Left ventricular internal dimensions are normal. Left ventricular systolic function is hyperdynamic. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve appears normal. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

**PATIENT**

Chester Stump

 LA/Ao – 2.39  
 IVSd – 5.5 mm  
 LVPWd – 6.0 mm  
 LVIDd – 16.6 mm  
 LVIDs – 6.6 mm  
 FS – 60%  
 LVOT – 0.61 m/s  
 RVOT – 0.67 m/s  
 RA – 13.6 mm

**SPECIES**

Feline

**ASSESSMENT/RECOMMENDATIONS**

Hypertrophic cardiomyopathy (HCM)

**BREED**
**DLH**
**SEX**
**MN**

This examination demonstrates mild hypertrophy of Chester's left ventricular posterior wall, which is very likely consistent with the presence of HCM, though both systemic hypertension and hyperthyroidism should be ruled out as possible contributing factors. Secondary to his hypertrophy, Chester has moderate to severe dilation of his left atrium. Given this, it comes as no surprise that Chester appears to be experiencing an episode of congestive heart failure (CHF). In addition to CHF, Chester is at risk for cardiac thrombus formation with secondary thromboembolic disease, as well as arrhythmia formation, therefore, it's possible that one or both of these could potentially be contributing to Chester's syncopal-like episodes.

**AGE**

11 y

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

Recommended therapy based on this exam and Chester's radiographic findings includes furosemide (6.25 mg BID), enalapril (2.5 mg am, 1.25 mg pm), and clopidogrel (18.75 mg SID).

**WEIGHT**

6.78 kg

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

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

Dr. Karrels



DATE

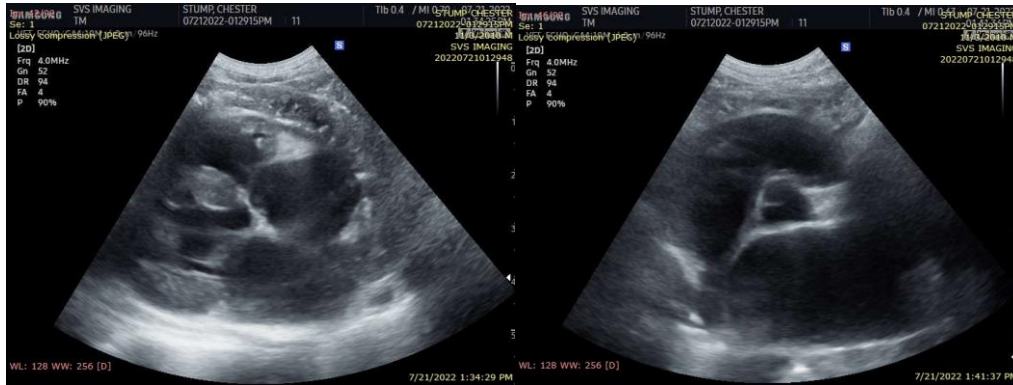
7/21/22

PERFORMED BY:

Tom McNeill

INTERPRETED BY

Keith Blass, DVM,  
MS, DACVIM  
(Cardiology)



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.

PATIENT

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.

Chester Stump

SPECIES

Keith Blass, DVM, MS, DACVIM (Cardiology)  
KeithBlass@gmail.com  
631-804-5754

Feline

BREED

DLH

SEX

MN

AGE

11 y

WEIGHT

6.78 kg

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Karrels