

RESENTING CLINICAL SIGNS

History: Recently seen for diarrhea and a grade IV/VI left parasternal murmur was ausculted.

DATE Asymptomatic for cardiac disease.

8/10/21

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study. This exam is compared to the one performed 1/26/21.

PERFORMED BY:

Dr. Brian Barnes

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

Left atrial size is normal. There is mild hypertrophy of the interventricular septum, as well as borderline mild hypertrophy of the left ventricular posterior wall. Left ventricular internal dimensions are normal. Left ventricular systolic function is normal. There is systolic anterior motion of the mitral valve chordae tendinae creating 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 appears normal, though trace tricuspid regurgitation is present. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus rhythm

PATIENT

Eddie Fraser

LA - 14.6 mm
IVSd - 6.4 mm
LVPWd - 5.7 mm
LVIDd - 11.6 mm
LVIDs - 6.6 mm
FS - 43%
LVOT - 5.90 m/s
RVOT - 1.62 m/s

SPECIES

Canine

BREED

ASSESSMENT/RECOMMENDATIONS

Hypertrophic obstructive cardiomyopathy (HOCM)

DLH

This examination demonstrates mild hypertrophy of Eddie's left ventricular walls, consistent with HCM. Associated with his hypertrophy, Eddie has systolic anterior motion of his mitral valve chordae tendinae, which is creating dynamic obstruction to flow in his left ventricular outflow tract. As Eddie does not have secondary dilation of his left atrium, his current risk for the development of congestive heart failure and/or thromboembolic disease appears to be low, though careful monitoring for signs associated with these conditions is recommended, as is monitoring for the development of syncope.

SEX

MN

AGE

4 y

I recommend starting Eddie on atenolol (6.25 mg BID), as this medication should decrease the severity of his left ventricular outflow tract obstruction.

A recheck echocardiogram is recommended in 6-9 months, sooner if new clinical signs compatible with cardiac dysfunction develop.

WEIGHT

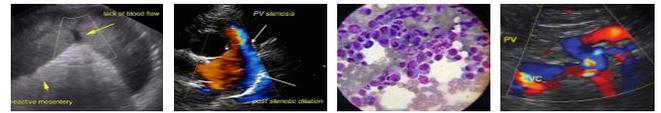
4.63 kg

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Barnes



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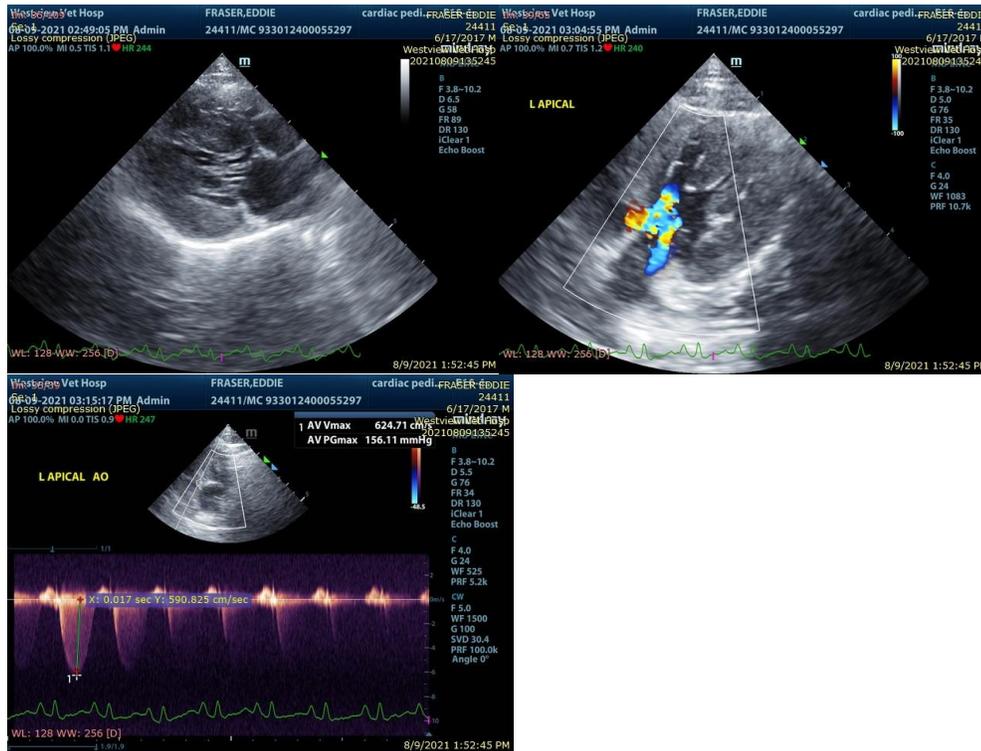
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Keith Blass, DVM, MS, DACVIM (Cardiology)

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