



PRESENTING CLINICAL SIGNS

History: Grade 4/6 murmur. Radiographic cardiomegaly.

DATE

8/2/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Kim Liedberg

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

Left atrial size is normal. There is mild to moderate hypertrophy of the left ventricular posterior wall, as well as borderline mild hypertrophy of the interventricular septum. Left ventricular internal dimensions are normal. Left ventricular systolic function is mildly hyperdynamic. There is systolic anterior motion of the mitral valve leaflets creating dynamic obstruction to flow in the left ventricular outflow tract, with mild secondary mitral regurgitation. The aorta and aortic valve appear normal, though trace aortic insufficiency is present. 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.

PATIENT

Luigi Meinel

SPECIES

Feline

LA - 14.1 mm
LA/Ao - 1.40
IVSd - 5.5 mm
LVPWd - 6.7 mm
LVIDd - 15.1 mm
LVIDs - 7.0 mm
FS - 53.6%
RA - 11.3 mm
LVOT - 2.43 m/s
RVOT - 1.28 m/s

ASSESSMENT/RECOMMENDATIONS

BREED

Hypertrophic obstructive cardiomyopathy (HCM) vs. Mitral valve dysplasia (MVD)

DLH

SEX

MN

AGE

1 y

This examination demonstrates systolic anterior motion (SAM) of Luigi's mitral valve leaflets, which is creating dynamic obstruction to flow in his left ventricular outflow tract, as well as hypertrophy of his left ventricle. It's possible that Luigi could be suffering from HCM with secondary SAM, however, consideration should also be given to the presence of MVD with secondary hypertrophy (the only way to tell the difference is to relieve the SAM and see if the hypertrophy resolves over time, as it should with MVD). In either case, the hemodynamic effects of Luigi's hypertrophy and SAM appear to be mild at present, as he does not have secondary dilation of his left atrium. Given this, Luigi's current risk for the development of congestive heart failure and/or cardiac thrombus formation appears to be relatively low.

I recommend starting Luigi on atenolol (6.25 mg BID), as this medication should help to reduce or relieve his SAM.

WEIGHT

7.5 lb

A recheck echocardiogram is recommended in 6 months, sooner if new clinical signs compatible with cardiac dysfunction (ex. labored breathing, collapse, limb paresis) develop.

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Riccardi



DATE

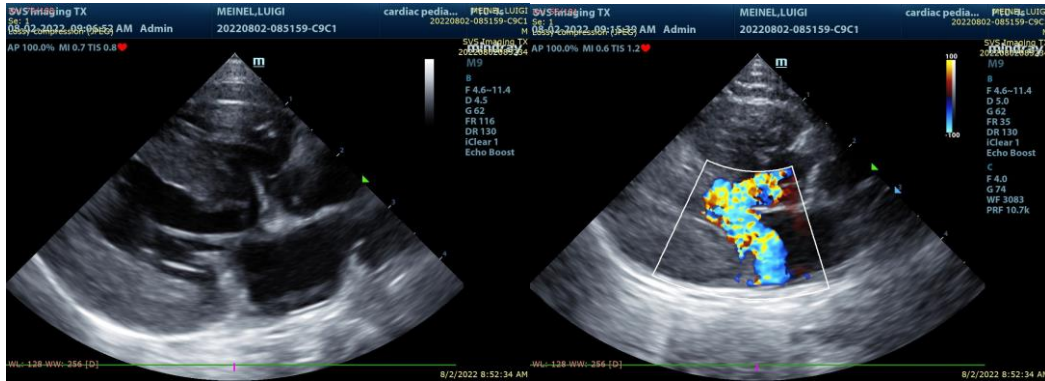
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

PATIENT

Luigi Meinel

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631-804-5754

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