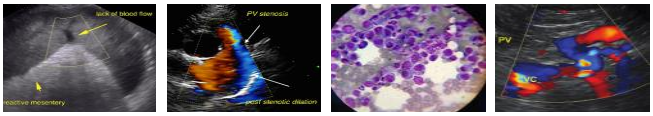


SonoPath.com
1-800-838-4268 info@sonopath.com

DATE

8/24/22

PERFORMED BY:

Tom McNeill

INTERPRETED BY

Keith Blass, DVM, MS, DACVIM (Cardiology)

PATIENT

Spartacus Keogh

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

14 y

WEIGHT

8.2 lb

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Schultz

PRESENTING CLINICAL SIGNS

History: Breathing heavy, losing weight, inappropriate urination/defecation, lethargy, anorexia. Radiographs revealed fluid in lungs. Abnormal BNP.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

There is mild left atrial dilation. The mitral valve is normal. Left ventricular wall thickness is normal. There is hypertrophy of the left ventricular papillary muscles. Left ventricular internal dimensions are normal. There is a moderator band (part of conduction system) within the left ventricle coursing parallel to the interventricular septum and inserting into the basilar portion of the septum. Left ventricular systolic function is mildly hyperdynamic. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve appears normal, though mild tricuspid regurgitation is present. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No heartworms are visualized. No pericardial effusion or cardiac masses are seen.

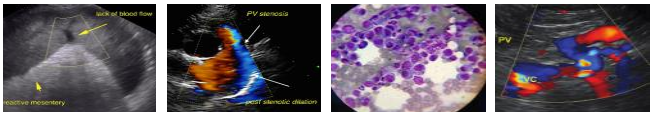
LA/Ao – 1.73
IVSd – 4.2 mm
LVPWd – 3.9 mm
LVIDd – 14.1 mm
LVIDs – 6.6 mm
FS – 53%
LVOT – 0.84 m/s
RVOT – 0.84 m/s
TR – 2.45 m/s

ASSESSMENT/RECOMMENDATIONS

This examination demonstrates hypertrophy of Spartacus's left ventricular papillary muscles, which is very likely consistent with the presence of hypertrophic cardiomyopathy (HCM), though both systemic hypertension and hyperthyroidism should be ruled out as possible contributing factors. Secondary to his hypertrophy, Spartacus has mild dilation of his left atrium. Given the presence of mild left atrial dilation, it's certainly possible that Spartacus's heavy breathing could be due to the development of cardiogenic pulmonary edema, though his other clinical signs are unlikely to be cardiogenic in origin.

If Spartacus's radiographs are suggestive of the presence of cardiogenic pulmonary edema, a trial with furosemide (5 mg BID) would be warranted. If furosemide is to be used long-term, the addition of enalapril (1.25 mg BID, pending renal function) would also be warranted. I also recommend starting Spartacus on clopidogrel (18.75 mg SID), in order to reduce his risk for cardiac thrombus formation.

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



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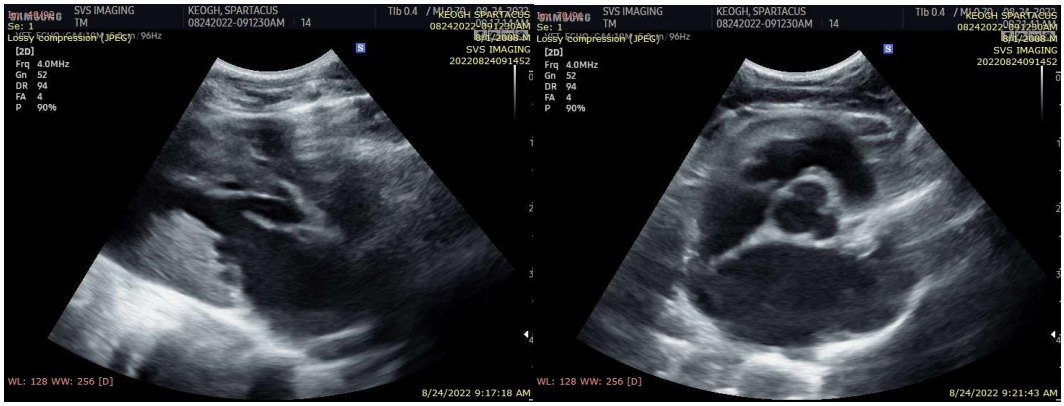

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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631-804-5754