

**PRESENTING CLINICAL SIGNS**

**DATE**

History: Previously diagnosed with HOCM. Grade III/VI murmur. Asymptomatic. Receiving atenolol 4 mg SID. Sedated for exam with butorphanol, midazolam, alfaxalone +/- ketamine. BP 158/116 (126.5). ECG - normal sinus rhythm

9/3/21

**ECHOCARDIOGRAPHIC FINDINGS**

2D, M-mode, and Doppler study.

**PERFORMED BY:**

Shari Reffi, CVT

**INTERPRETED BY**

Keith Blass, DVM,  
MS, DACVIM  
(Cardiology)

Left atrial size measures near the upper limit of normal. There is mild hypertrophy of the basilar portion of the interventricular septum, as well as mild to moderate 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 leaflets 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 mild tricuspid regurgitation is present. TR velocity does not suggest the presence of pulmonary hypertension. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

**PATIENT**

Ginger Elrod

LA/Ao - 1.48  
IVSd - 6.1 mm  
LVPWd - 6.8 mm  
LVIDd - 17.6 mm  
LVIDs - 8.5 mm

**SPECIES**

Feline

FS - 51.7%  
LVOT - 3.05 m/s  
RVOT - 0.84 m/s  
TR - 2.31 m/s

**BREED**

Sphynx

**ASSESSMENT/RECOMMENDATIONS**

Hypertrophic cardiomyopathy (HOCM)

**SEX**

FS

This examination is similar to the one performed in May, and shows no progression of Ginger's cardiac disease over the past 4 months. Given the absence of progression, Ginger's HCM still appears to be well-compensated, and her current risk for the development of congestive heart failure and/or cardiac thrombus formation appears to be relatively low.

**AGE**

3 y

No change in therapy is recommended based on this exam.

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

**WEIGHT**

7 lb

**HOSPITAL NAME**

Shohola

**REFERRING VET**

Dr. DeMeo



DATE

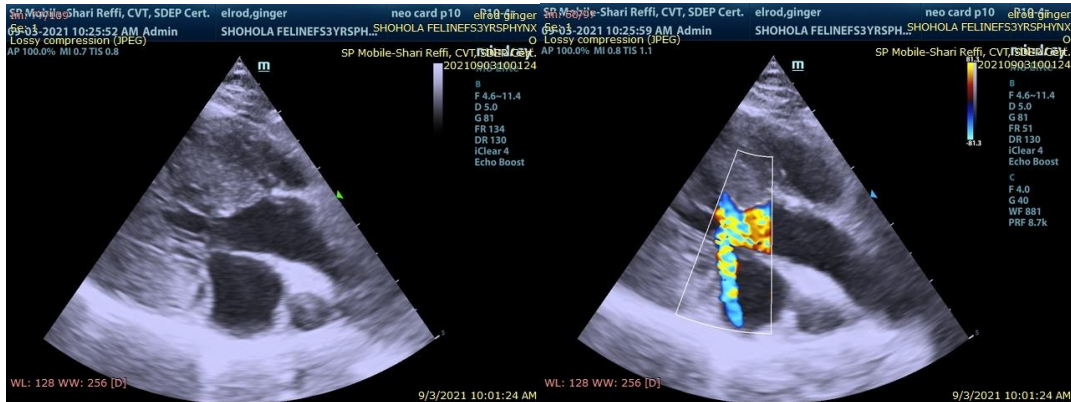
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Ginger Elrod

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

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