

**PATIENT**

Niko McCrewell

**SPECIES**

Canine

**BREED**

Pomeranian

**SEX**

MN

**AGE**

14 y

**WEIGHT**

9.31 lb

**INTERPRETED BY**

Keith Blass, DVM, MS  
DACVIM(Cardiology)

**HOSPITAL NAME**

Mass Veterinary  
Specialty Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

**DATE**

1/12/22

**PRESENTING CLINICAL SIGNS**

Recheck degenerative valve disease and PH. Had a collapsing episode last month after getting up from sleeping. Coughs several times a day. Grade IV/VI left apical murmur. Receiving furosemide 10 mg am, 20 mg pm, pimobendan 1.25 mg BID, and Hyocdan 3.75 mg BID.

**ECHOCARDIOGRAPHIC FINDINGS**

2D, M-mode, and Doppler study.

There is moderate left atrial dilation. The mitral valve leaflets are thickened and exhibit systolic prolapse. A moderate jet of eccentric mitral regurgitation is present. There is moderate left ventricular dilation. Left ventricular systolic function is normal. The aorta and aortic appear normal, though very mild aortic insufficiency is present. Right atrial and right ventricular dimensions are normal. The tricuspid valve leaflets are mildly thickened, and a mild jet of tricuspid regurgitation is present. TR velocity is consistent with the presence of mild pulmonary hypertension (PG 35 mmHg). The pulmonary artery and pulmonic valve are normal. No heartworms are visualized. No pericardial effusion or cardiac masses are seen.

LA - 32.0 mm  
 LVIDd - 31.2 mm  
 LVIDs - 13.6 mm  
 FS - 56.4%  
 RA - 16.2 mm  
 LVOT - 1.80 m/s  
 RVOT - 0.88 m/s  
 MR - 5.45 m/s  
 TR - 2.94 m/s

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

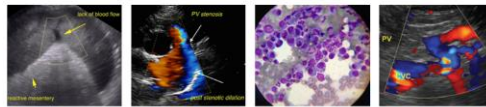
Degenerative mitral and tricuspid valve disease  
 Pulmonary hypertension

This examination is very similar to Niko's previous echocardiogram, and demonstrates no progression of his valvular diseases or pulmonary hypertension. While no progression has occurred, the presence of moderate left atrial dilation indicates that it's still possible that mainstem bronchial compression could be contributing to Niko's cough, though consideration should also be given to a contribution from tracheal collapse and/or inflammatory airway disease.

Given that Niko's collapsing episode occurred when getting up from sleeping, it's likely vasovagal in origin, however, I can't rule out his mitral valve disease or an arrhythmia as possible causes. Niko's pulmonary hypertension is too mild to be the cause of the episode.

No change in Niko's cardiac medications appears to be indicated based on this exam. His Hycodan may be given up to every 6 hours as needed for his cough.

A Holter and/or event monitor may be warranted if Niko experiences additional syncopal episodes. A recheck echocardiogram is recommended in 6 months. Thoracic radiographs are recommended if clinical signs compatible with congestive heart failure develop.



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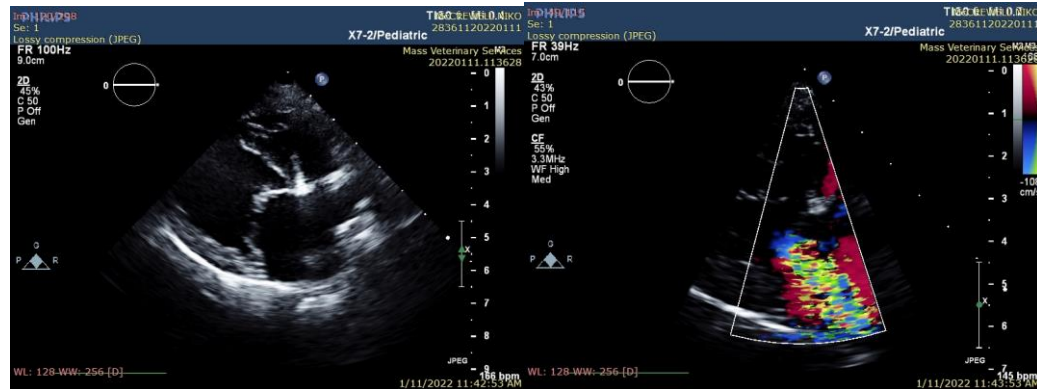
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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