



DATE PRESENTING CLINICAL SIGNS

1/13/23

History: Grade IV/VI murmur noted In April 2022. History of hypertension and proteinuria. Receiving enalapril and Proin. BP today 140/71.

ECHOCARDIOGRAPHIC FINDINGS

PERFORMED BY:

2D, M-mode, and Doppler study.

Dr. Eileen Jenkins

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

There is mild left atrial dilation. The mitral valve leaflets are mildly thickened and exhibit mild systolic prolapse. There is Doppler evidence of mitral regurgitation present. There is mild left ventricular dilation. Left ventricular systolic function is hyperdynamic. The aorta and aortic valve appear normal, though trace aortic insufficiency is present. Right atrial and right ventricular dimensions are normal. The tricuspid valve is normal. The pulmonary artery and pulmonic valve appear normal, though trace pulmonic insufficiency is present. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

ECG: Sinus arrhythmia

PATIENT

Reese Woodring

LA - 40.1 mm
LVIDd - 41.7 mm
LVIDs - 22.4 mm
FS - 46%
RA - 19.2 mm
LVOT - 1.69 m/s
RVOT - 1.04 m/s

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral valve disease

BREED

Australian Shepherd
Mix

This examination demonstrates regurgitation of blood across Reese's mitral valve resulting from degenerative valve disease. Secondary to her regurgitation, Reese has mild dilation of both her left atrium and left ventricle, though her left ventricular systolic function is well-preserved. As only mild left heart chamber dilation is present, Reese's current risk for the development of clinical signs secondary to her mitral valve disease, such as coughing, exercise intolerance, syncope, and labored breathing, appears to be relatively low, though careful monitoring for these signs is recommended going forward.

SEX

FS

I recommend starting Reese on pimobendan (5 mg BID), as this medication should help to slow the progression of her mitral valve disease.

AGE

10 y

A recheck echocardiogram is recommended in ~9 months. Thoracic radiographs are recommended if Reese experiences respiratory clinical signs.

WEIGHT

16.3 kg

HOSPITAL NAME

Huntsville Vet.
Specialists & Emerg.

REFERRING VET

Dr. Jenkins



DATE

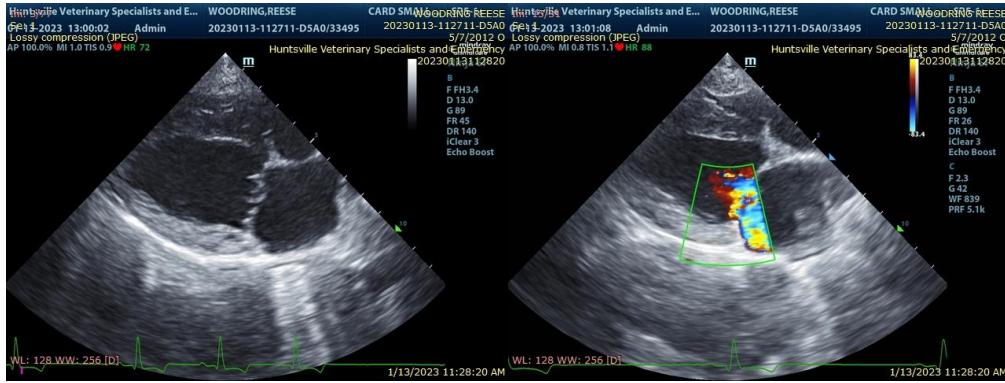
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

PATIENT

Reese Woodring

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.

SPECIES

Canine

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KeithBlass@gmail.com
631-804-5754

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