



PRESENTING CLINICAL SIGNS

DATE

1/18/23

History: Chronic cough, worse when excited. Cough has Improved with hydrocodone and trazodone. Also wheezes, even when not having coughing fits. TFAST showed scant pleural effusion. Radiographs showed mild enlargement of cardiac silhouette, pleural effusion, and a pulmonary Interstitial pattern.

ECHOCARDIOGRAPHIC FINDINGS

PERFORMED BY:

Tom McNeill

2D, M-mode, and Doppler study.

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

Left atrial size is normal. The mitral valve leaflets are very mildly thickened, and a very mild jet of eccentric mitral regurgitation is present. Left ventricular dimensions are normal. Left ventricular systolic function is normal. The aorta and aortic valve appear normal, though there is mildly increased flow velocity in the ascending aorta. Right atrial and right ventricular dimensions are normal. The tricuspid valve is normal. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

PATIENT

Jobe Kaercher

LA - 30.0 mm
LVIDd - 28.6 mm
LVIDs - 16.4 mm
FS - 42.6%
RA - 22.5 mm
LVOT - 2.09 m/s
RVOT - 1.01 m/s

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral valve disease

BREED

WHWT

This examination demonstrates very mild regurgitation of blood across Jobe's mitral valve resulting from degenerative valve disease. The hemodynamic effects of the regurgitation also appear to be mild, as Jobe does not have secondary dilation of either of his left heart chambers. As such, Jobe's mitral valve disease appears to be well-compensated, and it does not appear that his cardiac disease is contributing to his cough.

SEX

MN

While the absence of tricuspid or pulmonic regurgitation prevents an quantitative estimate of Jobe's pulmonary artery pressure from being made, there are no changes in this exam via 2D imaging that would be consistent with the presence of relevant pulmonary hypertension.

AGE

9 y

No therapy is recommended based on this exam.

A recheck echocardiogram is recommended in 9 months.

WEIGHT

10.1 kg

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. McDaniel



DATE

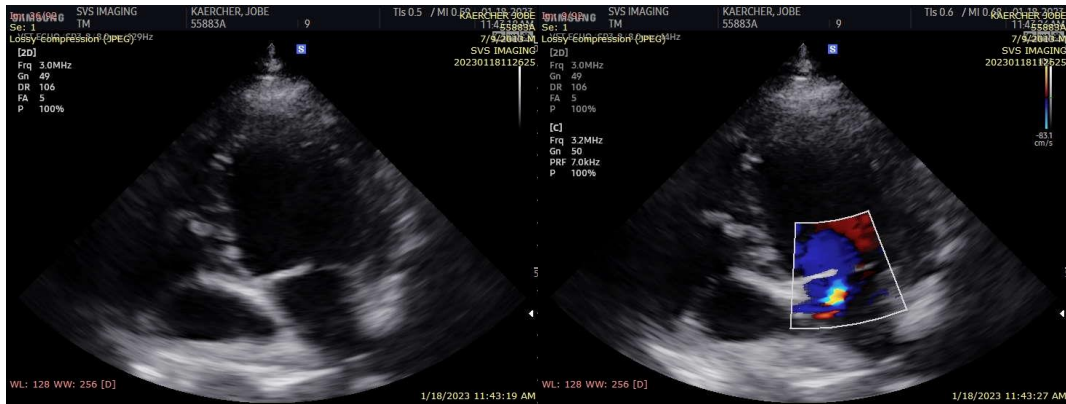
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Jobe Kaercher

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

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