



PRESENTING CLINICAL SIGNS

DATE

1/23/23

History: Presented for further evaluation of an expiratory huff when excited. Started experiencing a significant Increase In RR In September, as well as a hacking cough 1-2 x/day. Radiographs on 10/13/22 showed focal cardiac enlargement with an elevated trachea suspicious for a heart base mass. Echocardiogram on 10/24/22 showed no abnormalities.

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 mildly thickened, and a mild jet of mitral regurgitation is present. Left ventricular dimensions are normal. Left ventricular systolic function is normal. The aorta and aortic valve are normal. 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 moderate pulmonary hypertension (PG 60.5 mmHg). The pulmonary artery and pulmonic valve are normal. No heartworms are visualized. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

PATIENT

Canyon Hefferman

LA - 38.1 mm
LVIDd - 37.7 mm
LVIDs - 26.6 mm
FS - 29.4%
RA - 34.2 mm
LVOT - 0.72 m/s
RVOT - 0.70 m/s
TR - 3.89 m/s

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease
Pulmonary hypertension

BREED

Pit Bull Bix

This examination demonstrates mild regurgitation of blood across Canyon's mitral and tricuspid valves resulting from degenerative valve disease. The hemodynamic effects of each of the regurgitations also appear to be mild, as Canyon does not have secondary dilation of any of his cardiac chambers. As such, Canyon's valvular diseases appear to be well-compensated, and do not appear to be contributing to his respiratory clinical signs.

SEX

MN

Canyon's tricuspid regurgitation velocity is consistent with the presence of moderate pulmonary hypertension. It's likely that his pulmonary hypertension is contributing to Canyon's clinical signs, though consideration should also be given to an underlying cause of the pulmonary hypertension, such as respiratory disease, as a possible contributor as well.

AGE

9 y

No evidence of a cardiac mass is seen in this exam.

WEIGHT

31.5 kg

Recommended therapy for Canyon's pulmonary hypertension is sildenafil (60 mg BID). No therapy is recommended for his valvular diseases at this time.

A recheck echocardiogram is recommended in 4-6 months.

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. McDaniel



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PATIENT

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MN

KeithBlass@gmail.com
631-804-5754

AGE

9 y

WEIGHT

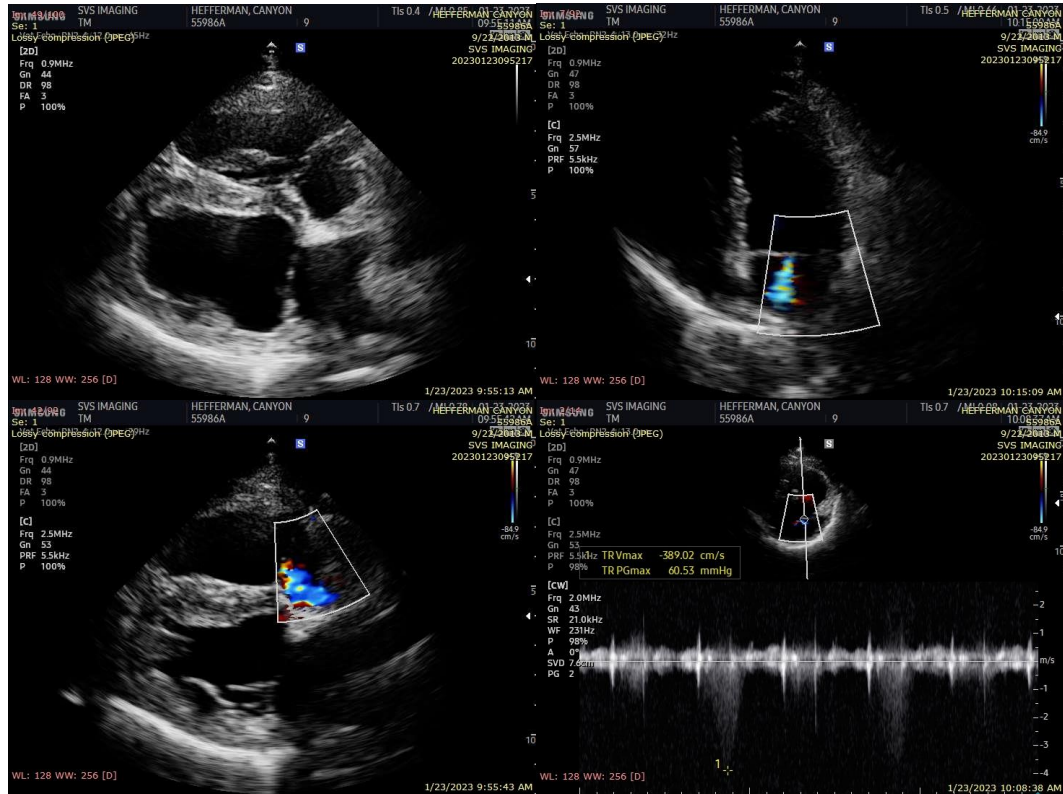
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.