


**PRESENTING CLINICAL SIGNS**

History: Murmur first noted in December 2019. Started on pimobendan 2.5 mg BID in December 2020. Murmur now grade 4-5/6 heard bilaterally. Doing well.

**DATE**

1/3/22

**ECHOCARDIOGRAPHIC FINDINGS**

2D, M-mode, and Doppler study.

**PERFORMED BY:**

Dr. Ferrer

**INTERPRETED BY**

 Keith Blass, DVM,  
 MS, DACVIM  
 (Cardiology)

There is mild left atrial dilation. The mitral valve leaflets are thickened and exhibit systolic prolapse. A mild to moderate jet of eccentric mitral regurgitation is 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 leaflets are mildly thickened, and a mild jet of tricuspid regurgitation is present. TR velocity does not suggest the presence of pulmonary hypertension. 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 during echo: Sinus arrhythmia

**PATIENT**

Mike Torres

LA - 33.8 mm  
 LVIDd - 33.3 mm  
 LVIDs - 15.1 mm  
 FS - 54.6%  
 RA - 30.9 mm  
 LVOT - 1.09 m/s  
 RVOT - 0.89 m/s  
 TR - 2.60 m/s

**SPECIES**

Canine

**BREED**

Dachshund

**ASSESSMENT/RECOMMENDATIONS**

Degenerative mitral and tricuspid valve disease

**SEX**

M

**AGE**

14 y

This examination demonstrates regurgitation of blood across Mike's mitral and tricuspid valves resulting from degenerative valve disease. Mike's tricuspid valve disease is mild, and is well-compensated at this time. His mitral valve disease is a bit more advanced, as Mike has mild to moderate mitral regurgitation present, with mild secondary dilation of both his left atrium and left ventricle. As only mild left heart chamber dilation is present, Mike's mitral valve disease appears to be well-compensated, and his current risk for the development of clinical signs secondary to it, such as coughing, exercise intolerance, syncope, and labored breathing, appears to be relatively low, though careful monitoring for these signs is recommended.

Continued use of pimobendan is warranted based on this exam. No additional therapy has been proven to be beneficial at this stage of Mike's valvular diseases.

**WEIGHT**

18.9 lb

A recheck (X-ray +/- echocardiogram) is recommended in 6-9 months, sooner if clinical signs compatible with cardiac dysfunction develop.

**HOSPITAL NAME**

Paseos VC

**REFERRING VET**

Dr. Ferrer



DATE

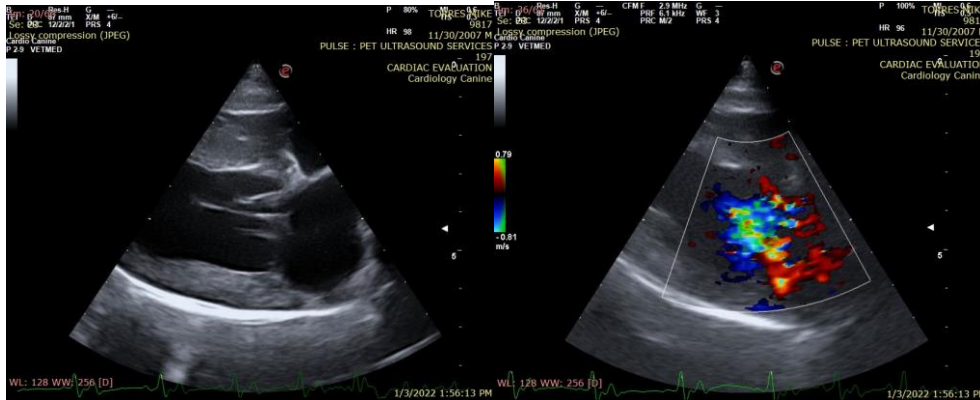
1/3/22

PERFORMED BY:

Dr. Ferrer

INTERPRETED BY

Keith Blass, DVM,  
MS, DACVIM  
(Cardiology)



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

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.

Mike Torres

SPECIES

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

Canine

BREED

Dachshund

SEX

M

AGE

14 y

WEIGHT

18.9 lb

HOSPITAL NAME

Paseos VC

REFERRING VET

Dr. Ferrer