



PRESENTING CLINICAL SIGNS

History: Hx of degenerative valve disease with moderate LAE and mild LVE. Grade 4/6 murmur.
Receiving pimobendan 2.5 mg am, 5 mg pm.

DATE

1/4/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Crystal Hill

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

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 hyperdynamic. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve appears normal, though trace tricuspid regurgitation is present. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

PATIENT

Katie Dilney

LA - 48.6 mm
LVIDd - 48.3 mm
LVIDs - 24.2 mm
FS - 49.9%
LVOT - 1.62 m/s
RVOT - 0.73 m/s

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral valve disease

SPECIES

Canine

This examination demonstrates slight progression of Katie's mitral valve disease over the past 6 months, as her left ventricular diameter has increased mildly and is now mildly dilated, while her left atrial diameter is unchanged. Given the absence of progressive left atrial dilation, Katie's current risk for the development of clinical signs secondary to her mitral valve disease is similar to what it was six months ago, though careful monitoring for the development of a cough, exercise intolerance, syncope, and labored breathing, is recommended.

BREED

Whippet

No change in therapy is recommended based on this exam.

SEX

A recheck echocardiogram is recommended in 6-9 months. Thoracic radiographs are recommended if Katie experiences respiratory clinical signs.

FS

AGE

12 y

WEIGHT

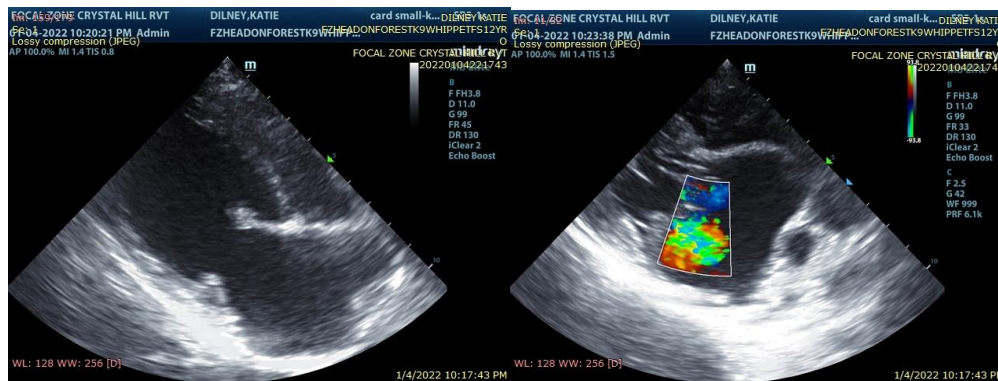
14.4 kg

HOSPITAL NAME

Headon Forest AH

REFERRING VET

Dr. Martin



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.

DATE

1/4/22

Keith Blass, DVM, MS, DACVIM (Cardiology)
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631-804-5754

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