
PRESENTING CLINICAL SIGNS

History: Hx of CHF and syncope. Receiving furosemide 18.75 mg BID, enalapril 2.5 mg BID, and pimobendan 1.25 mg BID. BUN 69.

DATE

1/4/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Sands Hill MVU

INTERPRETED BY

 Keith Blass, DVM,
 MS, DACVIM
 (Cardiology)

There is severe left atrial dilation. The mitral valve leaflets are thickened and exhibit systolic prolapse. A severe jet of eccentric mitral regurgitation is present. There is severe left ventricular dilation. Left ventricular systolic function is hyperdynamic. The aorta and aortic valve appear 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. The pulmonary artery and pulmonic valve appear normal, though trace pulmonic insufficiency is present. PI velocity is consistent with the presence of diastolic pulmonary hypertension. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

PATIENT

Louie Rehder

 LA - 36.6 mm
 LVIDd - 36.8 mm
 LVIDs - 14.6 mm
 FS - 60%
 RA - 27.0 mm
 LVOT - 0.77 m/s
 RVOT - 0.76 m/s
 PI - 3.20 m/s

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS

 Degenerative mitral and tricuspid valve disease
 Pulmonary hypertension

BREED

Chihuahua

This examination demonstrates regurgitation of blood across Louie's mitral and tricuspid valves resulting from degenerative valve disease. Louie's tricuspid valve disease is mild, as evidenced by his absence of right heart chamber dilation. His mitral valve disease is significantly more advanced, as Louie has severe mitral regurgitation present, with severe secondary dilation of both his left atrium and left ventricle. In addition, there is evidence that Louie suffers from diastolic pulmonary hypertension (it's likely that he also suffers from systolic pulmonary hypertension, however, an accurate tricuspid regurgitation velocity was not available). Louie's mitral valve disease is certainly advanced enough to result in syncope, and it's possible that his pulmonary hypertension could be as well, therefore, one or both diseases is likely contributing to Louie's episodes. Louie is also at high risk for the recurrence of left-sided congestive heart failure, and his pulmonary hypertension could potentially put him at risk for the development of right-sided congestive heart failure.

SEX

M

AGE

15 y

WEIGHT

9.3 lb

Louie's current cardiac medications are warranted, as is therapy with spironolactone (6.25 mg BID). As for Louie's pulmonary hypertension, a trial with sildenafil (10 mg BID) is recommended to see if this improves his syncope.

HOSPITAL NAME

Sands Hill MVU

A recheck echocardiogram is recommended in 6 months to monitor for disease progression. Thoracic radiographs are recommended if clinical signs compatible with congestive heart failure recur.

REFERRING VET

Dr. Rubendall



DATE

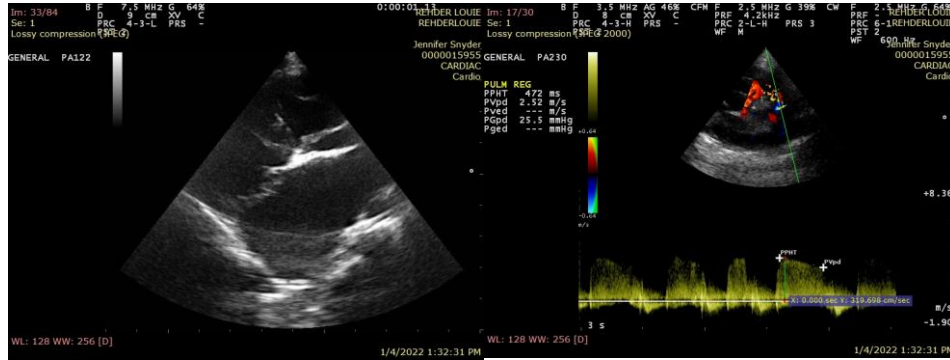
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Louie Rehder

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

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