



PRESENTING CLINICAL SIGNS

History: One to two month history of heavy breathing. Receiving pimobendan and furosemide. Currently presents with increased respiratory rate and effort. Radiographs show cardiomegaly and pulmonary edema

DATE

1/4/22

ECHOCARDIOGRAPHIC FINDINGS

PERFORMED BY:

2D, M-mode, and Doppler study.

Kim Liedberg

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.

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

PATIENT

Sparky Vachev

LA - 38.8 mm
LVIDd - 39.1 mm
LVIDs - 18.2 mm
FS - 53.4%
LVOT - 1.39 m/s
RVOT - 0.45 m/s

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral valve disease

This examination demonstrates moderate regurgitation of blood across Sparky's mitral valve resulting from degenerative valve disease. Secondary to his regurgitation, Sparky has moderate dilation of both his left atrium and left ventricle, though his left ventricular systolic function is well-preserved. Given these findings, it comes as no surprise that Sparky is reportedly experiencing an episode of left-sided congestive heart failure.

BREED

Jack Russell

I recommend increasing Sparky's furosemide dose by ~2 mg/kg/day, as well as adding enalapril (3.75 mg BID) and spironolactone (12.5 mg am, 6.25 mg pm) to his treatment protocol.

SEX

M

Recheck radiographs and a renal/electrolyte profile are recommended in 1 week. A recheck echocardiogram is recommended in 9 months.

AGE

11 y

WEIGHT

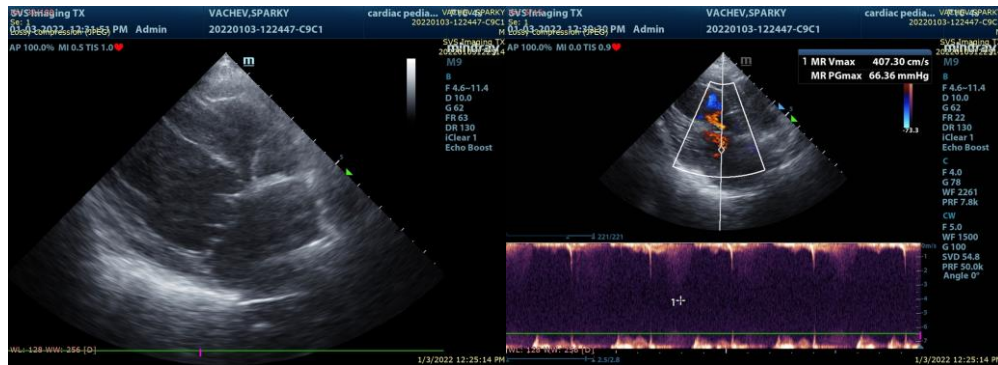
18 lb

HOSPITAL NAME

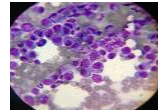
SVS Imaging WI

REFERRING VET

Dr. Senn



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

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Keith Blass, DVM, MS, DACVIM (Cardiology)
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