



PRESENTING CLINICAL SIGNS

DATE History: Previously diagnosed with degenerative valve disease. Doing well. Grade III/VI murmur.
Receiving pimobendan (0.9375 mg BID).
1/5/22

ECHOCARDIOGRAPHIC FINDINGS

PERFORMED BY:

2D, M-mode, and Doppler study.

Pamela Harrigan,
RDCS

INTERPRETED BY

There is mild to 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 mild left ventricular dilation. Left ventricular systolic function is hyperdynamic. The aorta and aortic valve appear normal, though mild 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 is consistent with the presence of mild pulmonary hypertension (PG 39 mmHg). The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

PATIENT

LA/Ao 1.8
LVIDd – 24.2 mm
LVIDs – 10.3 mm
FS – 57.4%
LVOT – 1.99 m/s
RVOT – 0.98 m/s
TR – 3.14 m/s

Daisy Amabile

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease
Pulmonary hypertension

BREED

Chihuahua

This examination demonstrates no progression of Daisy's valvular diseases over the past 6.5 months. As such, her risk for the development of clinical signs secondary to them has not increased, though given the presence of mild to moderate left atrial dilation, monitoring for the development of a cough and/or labored breathing is still warranted.

SEX

Daisy's pulmonary hypertension has progressed slightly, but is still considered to be mild.

FS

No change in therapy is recommended based on this exam.

AGE

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

11 y

WEIGHT

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.

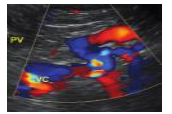
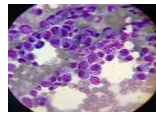
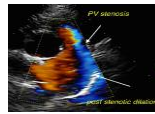
8.25 lb

HOSPITAL NAME

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.

REFERRING VET

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



DATE

1/5/22

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Pamela Harrigan,
RDMS

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Keith Blass, DVM,
MS, DACVIM
(Cardiology)

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