


PRESENTING CLINICAL SIGNS

History: Collapsing episodes, trouble getting around, head shaking, hypersalivation. PE – pale mm, Hct 19%. Quick scan of spleen showed no masses.

DATE

1/6/23

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Rachel Runnells, RVT

INTERPRETED BY

 Keith Blass, DVM,
 MS, DACVIM
 (Cardiology)

Left atrial size is normal. The mitral valve is normal. Left ventricular dimensions are normal. Left ventricular systolic function is normal. The aorta and aortic valve appear normal, though there is mildly increased flow velocity in the ascending aorta. Right atrial and right ventricular dimensions are normal. The tricuspid valve appears normal, though very mild tricuspid regurgitation is present. TR velocity is consistent with the presence of very mild pulmonary hypertension (PG 33.4 mmHg). The pulmonary artery and pulmonic valve are normal. No heartworms are visualized. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

PATIENT

Jack Nelson

LA – 42.5 mm
 LVIDd – 38.2 mm
 LVIDs – 25.0 mm
 FS – 34.6%
 RA – 32.2 mm
 TR – 2.89 m/s
 LVOT – 2.30 m/s
 RVOT – 1.16 m/s

SPECIES

Canine

ELECTROCARDIOGRAPHIC FINDINGS

A single lead ECG is submitted for review.

HR: 80 bpm

Rhythm: Sinus arrhythmia

BREED

Boxer

Sinus arrhythmia is present throughout this recording. All complex amplitudes and intervals are within normal limits. No premature beats or conduction blocks are seen.

ASSESSMENT/RECOMMENDATIONS
SEX

Degenerative tricuspid valve disease
 Pulmonary hypertension

MI

This examination demonstrates very mild regurgitation of blood across Jack's tricuspid valve resulting from degenerative valve disease. The hemodynamic effects of the regurgitation are negligible, and Jack's tricuspid valve disease is well-compensated.

AGE

9 y

Jack's tricuspid regurgitation velocity is consistent with the presence of very mild pulmonary hypertension. It's very unlikely that very mild pulmonary hypertension would be the cause of Jack's collapsing episodes, and it would not account for his head shaking, hypersalivation, or anemia.

WEIGHT

75.4 lb

No abnormalities are seen in Jack's ECG, though it's possible that an intermittent arrhythmia could be present. In addition, vasovagal syncope should be considered as a possible cause of Jack's collapsing episodes if they are unrelated to his anemia or neurologic/orthopedic disease.

HOSPITAL NAME

SVS Imaging KC

A Holter and/or event monitor can be considered to further evaluate for the presence of an arrhythmia.

REFERRING VET

Dr. Renfro

No therapy appears to be indicated at this stage of Jack's tricuspid valve disease or pulmonary



hypertension.

DATE A recheck echocardiogram is recommended in 6 months to monitor for disease progression.

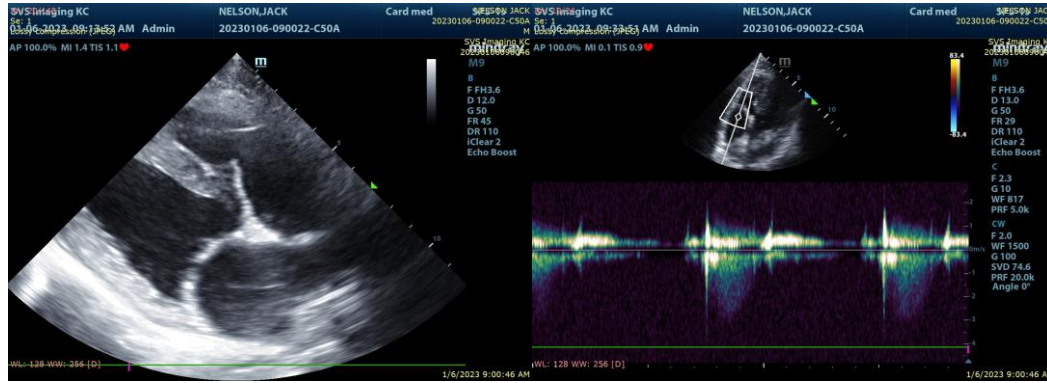
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PATIENT

Jack Nelson

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.

SPECIES

Canine

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.

BREED

Boxer

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

SEX

MI

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