



PRESENTING CLINICAL SIGNS

DATE History: Grade IV/VI left and right apical systolic murmurs. Asymptomatic.

10/21/22 ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY: There is borderline mild left atrial dilation. The mitral valve leaflets are mildly thickened, and a mild jet of mitral regurgitation is present. There is borderline mild left ventricular dilation. Left ventricular systolic function is normal. The aorta and aortic valve are 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. TR velocity does not suggest the presence of pulmonary hypertension. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No heartworms are visualized. No pericardial effusion or cardiac masses are seen.

Loetitia Saint-Jacques, RVT, LVT
INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

LA - 27.0 mm
LVIDd - 26.7 mm
LVIDs - 17.1 mm
FS - 36%

PATIENT

RA - 18.3 mm
LVOT - 1.35 m/s
RVOT - 1.12 m/s
TR - 1.76 m/s

Ev Carter

SPECIES ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is submitted for review.

Canine

HR: 110 bpm
Rhythm: Sinus arrhythmia with one episode of second-degree AV block

BREED

The underlying rhythm is a sinus arrhythmia. The MEA is normal. All complex amplitudes and intervals are within normal limits. A single blocked P wave is present. No premature beats are seen.

Parson Russell Terrier

RADIOGRAPHIC FINDINGS

SEX Three-view thoracic radiographs are submitted for review.

FS There is mild generalized enlargement of the cardiac silhouette. The pulmonary vessels are within normal limits. The pulmonary parenchyma and pleural space are within normal limits. The trachea is normal. The remainder of the thorax is unremarkable.

AGE

9 y ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease
Second-degree AV block

WEIGHT

13.6 lb

Ev's echocardiogram demonstrates mild regurgitation of blood across her mitral and tricuspid valves resulting from degenerative valve disease. The hemodynamic effects of the regurgitations appear to be fairly mild, as Ev does not have secondary dilation of her right heart chambers and has only borderline mild dilation of her left heart chambers. Given the absence of more advanced changes, Ev's valvular diseases appear to be well-compensated, and her current risk for the development of clinical signs secondary to them, such as coughing, exercise intolerance, syncope, labored breathing, and abdominal distension, appears to be low.

HOSPITAL NAME

Mountain View AH

REFERRING VET

Ev's ECG demonstrates the presence of a single episode of mild second-degree AV block, which,

Dr. Kalivoda



DATE given the presence of a sinus arrhythmia, is likely due to the presence of elevated vagal tone. Mild AV block is well-tolerated in dogs, though careful monitoring for progression is recommended.

10/21/22 No abnormalities are appreciated in Ev's thoracic radiographs, save for mild generalized cardiomegaly.

PERFORMED BY: No therapy is recommended based on these exams.

Loetitia Saint-Jacques, RVT, LVT
A recheck echocardiogram and ECG are recommended in 6 months.

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

PATIENT

Ev Carter

SPECIES

Canine

BREED

Parson Russell Terrier

SEX

FS

AGE

9 y

WEIGHT

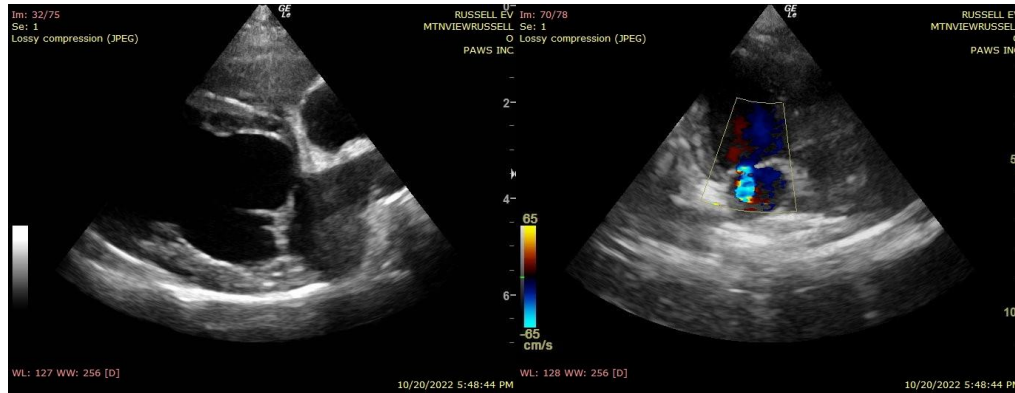
13.6 lb

HOSPITAL NAME

Mountain View AH

REFERRING VET

Dr. Kalivoda



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.

Keith Blass, DVM, MS, DACVIM (Cardiology)

KeithBlass@gmail.com
631-804-5754