


ESSENTIAL CLINICAL SIGNS

History: Grade V/VI systolic/diastolic murmur. Marked abdominal distension. BP 120/81.

DATE

10/22/21

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Jenna Walsh, CVT

INTERPRETED BY

 Keith Blass, DVM,
 MS, DACVIM
 (Cardiology)

Left atrial size is normal. The mitral valve appears normal. The left ventricle is underfilled. Left ventricular systolic function is hyperdynamic. The aorta and aortic valve appear normal. There is moderate right atrial dilation. There is severe right ventricular hypertrophy. There is a possible right-to-left shunting VSD. The tricuspid valve appears normal, though there is Doppler evidence of tricuspid regurgitation present. TR velocity is consistent with the presence of elevated right ventricular systolic pressure. The pulmonic valve is not well-visualized, however, there is increased flow velocity in the main pulmonary artery, consistent with the presence of severe pulmonic stenosis (PG 154 mmHg). No pericardial effusion or cardiac masses are seen. Peritoneal effusion is present.

PATIENT

Abby Martinez

 LA - 21.6 mm
 LVIDd - 15.7 mm
 LVIDs - 7.1 mm
 FS - 54.8%
 RA - 34.7 mm
 RVFWd - 17.4 mm
 RVOT - 6.20 m/s
 TR - 4.30 m/s

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS
BREED

German Shepherd

This examination demonstrates a number of abnormalities, as Abby has severely elevated right ventricular systolic pressure, as well as a possible right-to-left shunting ventricular septal defect (VSD). As Abby has severely elevated flow velocity in her main pulmonary artery, she appears to be suffering from pulmonic stenosis, however, given the possible concurrent presence of a VSD, it's unclear whether the stenosis could be a primary lesion or secondary to a constellation of abnormalities, such as what can be seen with Tetralogy of Fallot. In either case, Abby has severe hypertrophy of her right ventricle and moderate dilation of her right atrium secondary to her stenosis, and it's very likely that her peritoneal effusion is the result of the development of right-sided congestive heart failure. In addition to heart failure, Abby is at risk for the development of exercise intolerance, syncope, and arrhythmia formation, and if a right-to-left VSD is present, she is at risk for developing cyanosis.

SEX

F

AGE

12 wk

A PCV is recommended.

WEIGHT

23.2 lb

Referral to a cardiologist is recommended to definitively confirm Abby's underlying disease(s) and to determine whether any interventional procedures, such as balloon valvuloplasty, may be beneficial.

HOSPITAL NAME

The Ark VC

Abdominocentesis is recommended. Recommended medical therapy at this time includes furosemide (~2 mg/kg BID), enalapril (~0.5 mg/kg BID), pimobendane (~0.3 mg/kg BID), and spironolactone (~1 mg/kg BID).

A recheck physical exam and renal/electrolyte profile are recommended in 1-2 weeks.

REFERRING VET

Dr. Bohannon



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PATIENT

Abby Martinez

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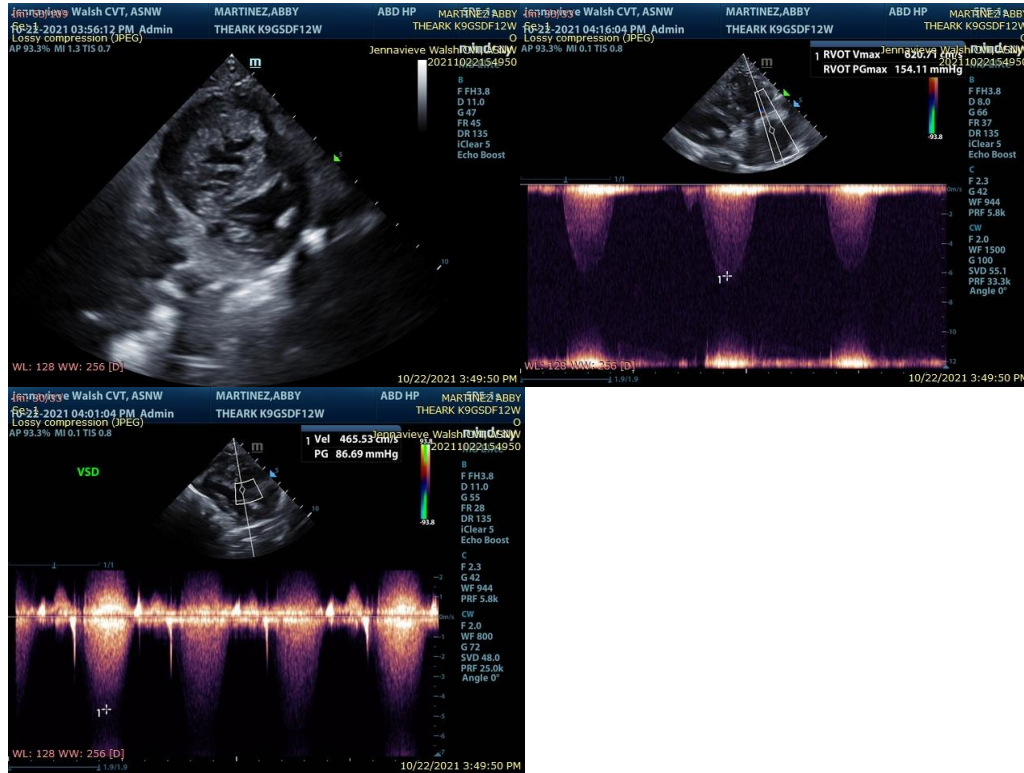
23.2 lb

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REFERRING VET

Dr. Bohannon



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.

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