


RESENTING CLINICAL SIGNS
DATE

11/15/22

History: Has had a heart murmur and is receiving furosemide 6.25 mg TID and pimobendan 1.25 mg BID. Has experienced lethargy and tachypnea over the past few days. Radiographs show cardiomegaly, pleural effusion, and likely ascites. AUS showed enlarged hyperechoic liver, small stones in renal pelvises, and mild to moderate peritoneal effusion. Thoracocentesis removed ~220 ml of serous fluid. ALP 4000.

PERFORMED BY:

Dr. Meredith Swart

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

INTERPRETED BY

 Keith Blass, DVM,
 MS, DACVIM
 (Cardiology)

There is moderate left atrial dilation. The mitral valve leaflets are mildly thickened and exhibit systolic prolapse. There is Doppler evidence of mitral regurgitation present. There is very mild left ventricular dilation. Left ventricular systolic function is hyperdynamic. The aorta and aortic are normal. There is mild right atrial dilation. Right ventricular dimensions are normal. The tricuspid valve leaflets are mildly thickened, and there is Doppler evidence of tricuspid regurgitation present. TR velocity is consistent with the presence of at least moderate pulmonary hypertension (PG >64 mmHg). The pulmonary artery and pulmonic valve are normal. Trivial pericardial effusion is present. No cardiac masses are seen. Mild pleural effusion is visible.

PATIENT

Toby Keating

LA - 30.8 mm
 LVIDd - 23.7 mm
 LVIDs - 10.5 mm
 FS - 55.7%
 RA - 26.3 mm
 LVOT - 1.21 m/s
 RVOT - 1.10 m/s
 TR - >4.00 m/s

SPECIES

Canine

BREED

Pomeranian

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease
 Pulmonary hypertension

SEX

MN

AGE

12 y

This examination demonstrates regurgitation of blood across Toby's mitral and tricuspid valves resulting from degenerative valve disease. Secondary to his mitral regurgitation, Toby has moderate dilation of his left atrium and very mild dilation of his left ventricle, as well as at least moderate pulmonary hypertension. While no reported pulmonary edema was evident in Toby's radiographs, he is at risk for the development of left-sided congestive heart failure. Toby's tricuspid valve disease is not as advanced, as he has only mild secondary dilation of his right atrium, however, the combination of tricuspid regurgitation and pulmonary hypertension suggests that his pleural and peritoneal effusions may be due to the development of right-sided congestive heart failure. In addition to this, Toby is at risk for the development of exercise intolerance and syncope, therefore, careful monitoring for these is recommended.

WEIGHT

10 lb

Toby's current cardiac medications are appropriate, though an increase in his furosemide dose would be warranted if he was already receiving his current dose prior to developing biventricular effusion. In addition, I recommend starting Toby on enalapril (2.5 mg BID), spironolactone (6.25 mg BID), and sildenafil (10 mg TID).

HOSPITAL NAME

 Swart Veterinary
 Imaging

Recheck radiographs and a renal/electrolyte profile are recommended in 1-2 weeks. A recheck echocardiogram is recommended in 6 months.

REFERRING VET

Dr. Swart



DATE

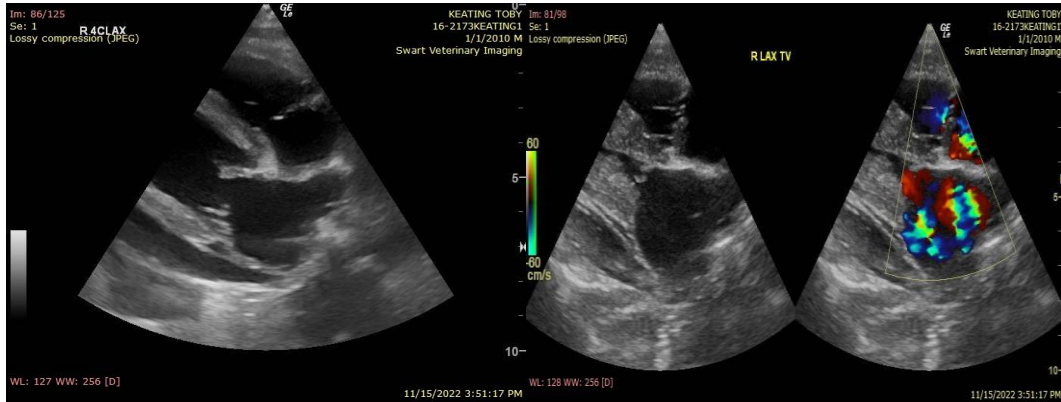
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

PATIENT

Toby Keating

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.

SPECIES

Canine

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631-804-5754

BREED

Pomeranian

SEX

MN

AGE

12 y

WEIGHT

10 lb

HOSPITAL NAME

Swart Veterinary
Imaging

REFERRING VET

Dr. Swart