

**PRESENTING CLINICAL SIGNS**

**DATE**

History: Recheck degenerative valve disease. Currently receiving furosemide PRN after experiencing acute respiratory issues in March that improved with diuretic and antibiotic therapy. Sedated for exam with acepromazine and butorphanol.

11/2/21

**ECHOCARDIOGRAPHIC FINDINGS**

2D, M-mode, Doppler study. This exam is compared to the one performed 8/30/19.

**PERFORMED BY:**

Dr. Brian Barnes

**INTERPRETED BY**

Keith Blass, DVM,  
MS, DACVIM  
(Cardiology)

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 are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve leaflets are very mildly thickened, and a very mild jet of tricuspid regurgitation is present. TR velocity does not suggest the presence of pulmonary hypertension. The pulmonary artery and pulmonic valve appear normal, though trace pulmonic insufficiency is present. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus rhythm

**PATIENT**

Terry Zirkwitz

LA - 21.7 mm (prev. 22.1 mm)  
LVIDd - 18.3 mm (prev. 19.3 mm)  
LVIDs - 7.8 mm (prev. 8.1 mm)  
FS - 57% (prev. 58%)  
LVOT - 0.97 m/s (prev. 1.19 m/s)  
RVOT - 0.82 m/s (prev. 0.72 m/s)  
TR - 2.54 m/s (prev. 2.38 m/s)

**SPECIES**

Canine

**ASSESSMENT/RECOMMENDATIONS**

**BREED**

Chihuahua

Degenerative mitral and tricuspid valve disease

This examination demonstrates no progression of Terry's valvular diseases over the past 2 years. As such, her tricuspid valve disease is still very mild and well-compensated, while her risk for the development of clinical signs secondary to her mitral valve disease has not increased. As Terry does have mild to moderate dilation of her left atrium, I can't rule out a mild episode of left-sided congestive heart failure as the cause of her respiratory difficulty in March.

**SEX**

F

While no progression has occurred, I still recommend starting Terry on pimobendan (0.625 mg BID), as this medication should minimize the rate of potential disease progression in the future. As for furosemide, continued use would be warranted if the medication results in improvement in Terry's respiratory rate/effort when given.

**AGE**

9 y

A recheck echocardiogram is recommended in 6-9 months, sooner if clinical signs compatible with cardiac dysfunction develop.

**WEIGHT**

1.8 kg

**HOSPITAL NAME**

Westivew VH

**REFERRING VET**

Dr. Barnes



DATE

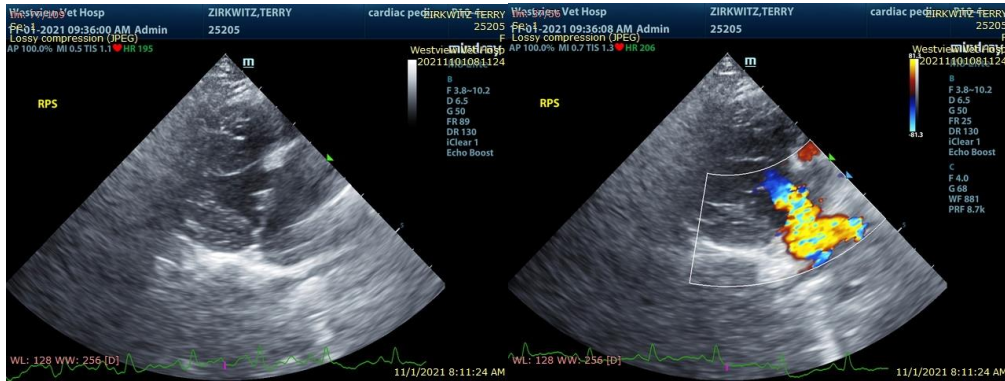
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PATIENT

Terry Zirkwitz

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

Chihuahua

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

SEX

F

AGE

9 y

WEIGHT

1.8 kg

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Dr. Barnes