
**PRESENTING CLINICAL SIGNS**

History: History of DMVD. Grade 3/6 murmur. Experiencing collapsing episodes.

**DATE**

11/30/21

**ECHOCARDIOGRAPHIC FINDINGS**

2D, M-mode, and Doppler study. This exam is compared to the one performed 3/13/19.

**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. MR velocity is not consistent with the presence of systemic hypertension. There is mild to moderate left ventricular dilation. Left ventricular systolic function is hyperdynamic. The aorta and aortic 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 is consistent with the presence of mild to moderate pulmonary hypertension (PG 47 mmHg). The pulmonary artery and pulmonic valve appear normal, though trivial pulmonic insufficiency is present. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus arrhythmia

**PATIENT**

Beary Vella

LA - 33.4 mm (prev. 27.6 mm)  
 LVIDd - 33.5 mm (prev. 22.1 mm)  
 LVIDs - 16.6 mm (prev. 12.5 mm)  
 FS - 50.4% (prev. 43.4%)  
 LVOT - 1.17 m/s (prev. 1.32 m/s)  
 RVOT - 0.83 m/s (prev. 0.90 m/s)  
 MR - 5.23 m/s (prev. 5.65 m/s)  
 TR - 3.43 m/s (prev. 2.06 m/s)

**SPECIES**

Canine

**BREED**

Pomeranian Mix

**ASSESSMENT/RECOMMENDATIONS**

Degenerative mitral and tricuspid valve disease  
 Pulmonary hypertension

**SEX**
**MN**
**AGE**

14 y

This examination demonstrates progression of Beary's mitral valve disease over the past 2.5 years, as he now has moderate mitral regurgitation present, with mild to moderate secondary dilation of both his left atrium and left ventricle, as well as mild to moderate secondary pulmonary hypertension. Given this, it's possible that Beary's mitral valve disease and/or pulmonary hypertension could be contributing to his collapsing episodes, though consideration should also be given to episodes of vasovagal syncope and an intermittent arrhythmia as possible causes.

New to today's exam is mild tricuspid regurgitation resulting from degenerative valve disease. The hemodynamic effects of the regurgitation also appear to be mild, and Beary's tricuspid valve disease appears to be well-compensated.

**WEIGHT**

7.75 kg

I recommend starting Beary on pimobendan (2.5 mg BID) and sildenafil (10 mg BID), as the former should slow the progression of his mitral valve disease, while the latter should improve his pulmonary hypertension.

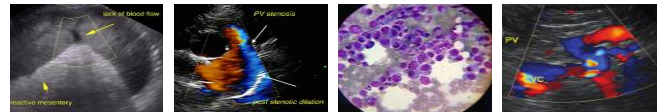
**HOSPITAL NAME**

Westview VH

A Holter and/or event monitor may be warranted if Beary continues to experience collapsing episodes. A recheck echocardiogram is recommended in 6 months to monitor for disease progression. Thoracic radiographs are recommended if Beary experiences respiratory clinical signs.

**REFERRING VET**

Dr. Barnes



DATE

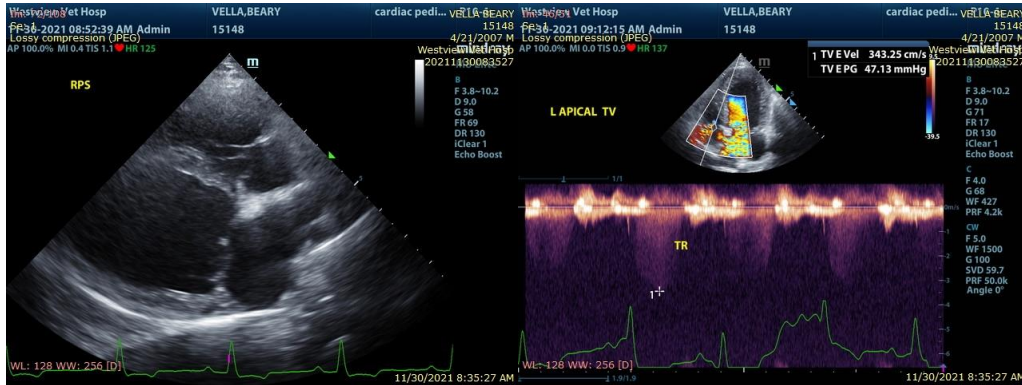
11/30/21

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MS, DACVIM  
(Cardiology)



PATIENT

Beary Vella

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

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BREED

Pomeranian Mix

SEX

MN

AGE

14 y

WEIGHT

7.75 kg

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Barnes

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.