

PRESENTING CLINICAL SIGNS

History: Recheck mild TR. Sedated for exam with acepromazine and butorphanol.

DATE

11/8/21

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study. This exam is compared to the one performed 5/19/21.

PERFORMED BY:

Dr. Brian Barnes

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

Left atrial size is normal. The mitral valve appears normal, though trace mitral regurgitation is present. Left ventricular dimensions are normal, as is left ventricular systolic function. The aorta and aortic valve appear normal, though trace aortic insufficiency is present. Right atrial and right ventricular dimensions are normal. The tricuspid valve appears normal, though mild 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 shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus arrhythmia

PATIENT

Rupert Middleton

SPECIES

Canine

LA - 40.3 mm (prev. 41.6 mm)
LVIDd - 49.1 mm (prev. 49.4 mm)
LVIDs - 34.4 mm (prev. 35.0 mm)
FS - 30% (prev. 29%)
LVOT - 1.16 m/s (prev. 1.50 m/s)
RVOT - 1.24 m/s (prev. 1.14 m/s)
RA - 36.7 mm (prev. 35.4 mm)
TR - 2.26 m/s (prev. 2.43 m/s)

ASSESSMENT/RECOMMENDATIONS

BREED

Labrador Retriever

This examination is very similar to the one performed in May and shows no progressive regurgitation of blood across Rupert's tricuspid valve. As such, his tricuspid valve disease still appears to be well-compensated, and Rupert's current risk for the development of clinical signs of right-sided cardiac dysfunction still appears to be low.

SEX

No therapy is recommended based on this exam.

MN

A recheck echocardiogram is recommended in 9 months to monitor for disease progression.

AGE

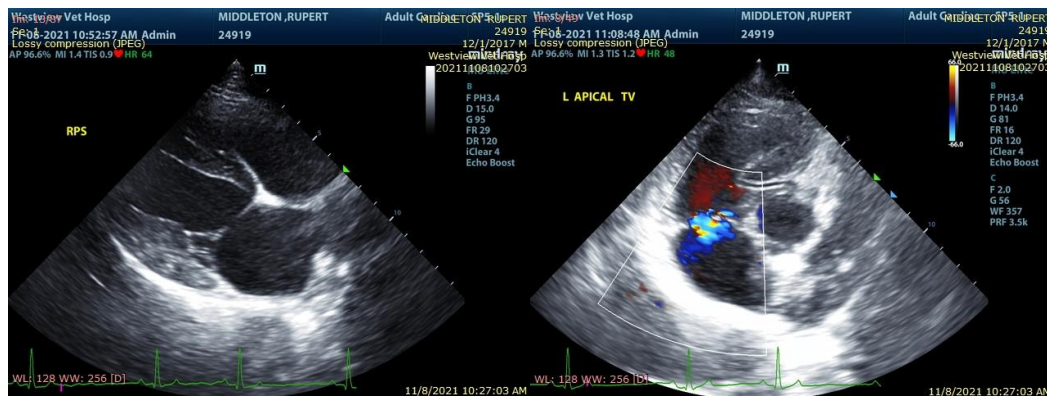
3 y 11 mo

WEIGHT

40.95 kg

HOSPITAL NAME

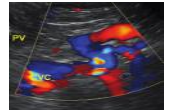
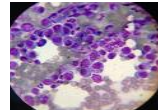
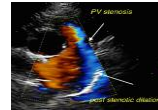
Westview VH



REFERRING VET

Dr. Barnes

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.

DATE

11/8/21

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.

PERFORMED BY:

Keith Blass, DVM, MS, DACVIM (Cardiology)

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