

**PRESENTING CLINICAL SIGNS**

History: Grade 4/6 murmur. Worsening cough. Receiving Lasix.

**DATE**

12/13/21

**ECHOCARDIOGRAPHIC FINDINGS**

2D, M-mode, and Doppler study.

**PERFORMED BY:**

Dr. Gromalak

**INTERPRETED BY**

Keith Blass, DVM,  
MS, DACVIM  
(Cardiology)

There is moderate left atrial dilation. The mitral valve leaflets are thickened, and a moderate jet of eccentric mitral regurgitation is present. There is 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 appears normal, though trace tricuspid regurgitation is present. The pulmonary artery and pulmonic valve are normal. No heartworms are visualized. No pericardial effusion or cardiac masses are seen.

LA - 36.3 mm  
LVIDd - 34.5 mm  
LVIDs - 17.3 mm  
FS - 49.9%  
RA - 39.3 mm  
LVOT - 1.21 m/s  
RVOT - 0.65 m/s

**PATIENT**

Colby Mack

**SPECIES**

Canine

**ASSESSMENT/RECOMMENDATIONS**

Degenerative mitral valve disease

**BREED**

Chihuahua

This examination demonstrates moderate regurgitation of blood across Colby's mitral valve resulting from degenerative valve disease. Secondary to his regurgitation, Colby has moderate dilation of both his left atrium and left ventricle, though his left ventricular systolic function is well-preserved. Given the presence of moderate left heart chamber dilation, it's likely that mainstem bronchial compression is contributing to Colby's cough. In addition to coughing, Colby is at risk for the development of exercise intolerance, syncope, and labored breathing, therefore, careful monitoring for these signs is recommended.

**SEX**

MN

I recommend starting Colby on pimobendane (2.5 mg am, 1.25 mg pm), as this medication should help to slow the progression of his mitral valve disease. Continued use of Lasix would be warranted if the medication has improved Colby's cough, as would therapy with enalapril (3.75 mg BID). A cough suppressant, such as hydrocodone, may be given as needed.

**AGE**

13 y

A renal/electrolyte profile is recommended in 1-2 weeks. A recheck echocardiogram is recommended in 6-9 months. Thoracic radiographs are recommended if clinical signs compatible with congestive heart failure develop.

**WEIGHT**

14 lb

**HOSPITAL NAME**

SVS Imaging

**REFERRING VET**

Dr. Ellenberger



DATE

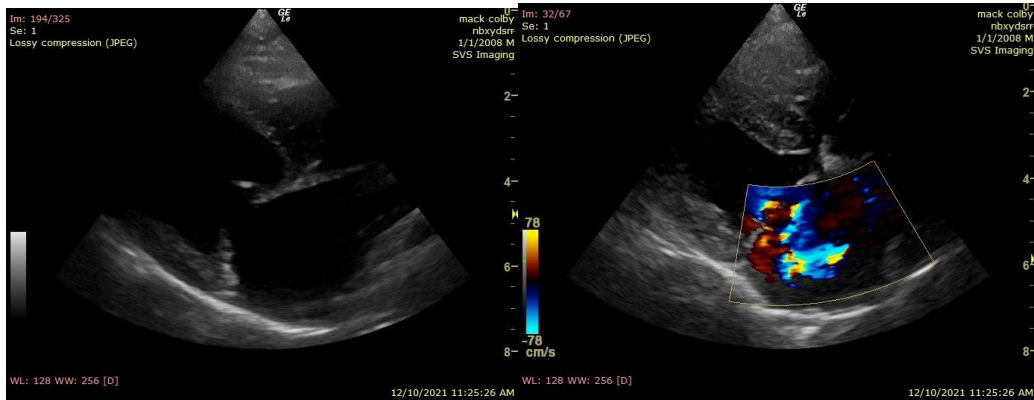
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Keith Blass, DVM, MS, DACVIM (Cardiology)**  
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