

RESENTING CLINICAL SIGNS

History: History of recurrent pericardial effusion, as well as an isoechoic structure adjacent to the left ventricle. Now has recurrent pleural effusion. Treated with oxygen and started on sildenafil.

DATE

11/16/21

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study. This exam is compared to the one performed 11/15/21.

PERFORMED BY:

Dr. Brian Barnes

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

The left atrium is underfilled. The mitral valve leaflets are very mildly thickened, and a very mild jet of eccentric mitral regurgitation is present. The left ventricle is underfilled. Left ventricular systolic function is mildly hyperdynamic. The aorta and aortic valve appear normal, though trace aortic insufficiency is present. There is mild right atrial and right ventricular dilation. The tricuspid valve appears normal, though trace tricuspid regurgitation is present. TR velocity is consistent with the presence of severe pulmonary hypertension (PG 103 mmHg). There is flattening of the interventricular septum. The pulmonary artery and pulmonic valve appear normal, though trivial pulmonic insufficiency is present. No shunting lesions are visualized. Trivial pericardial effusion is present. Moderate pleural effusion is present (trace effusion is present post-thoracocentesis). The previously seen isoechoic structure adjacent to the left ventricle is not visible. No peritoneal effusion is seen.

PATIENT

Aries Narayan

ECG during echo: Sinus rhythm

SPECIES

Canine

LA - 12.6 mm (prev. 19.2 mm)
LVIDd - 7.7 mm (prev. 15.7 mm)
LVIDs - 3.7 mm (prev. 8.7 mm)
FS - 51.9% (prev. 44.6%)
RA - 19.7 mm
LVOT - 0.82 m/s (prev. 0.90 m/s)
RVOT - 0.60 m/s (prev. 0.85 m/s)
TR - 5.08 m/s

BREED

Poodle

ASSESSMENT/RECOMMENDATIONS

SEX

FS

AGE

6 y

This examination shows significant differences compared to the one performed last month, as Aries now has severe pulmonary hypertension present, with differentials for this disease including respiratory/pulmonary disease, heartworm disease, pulmonary thromboembolism, and idiopathic disease. Secondary to the pulmonary hypertension, Aries now has mild dilation of her right heart chambers, as well as underfilling of her left heart chambers. Given the absence of pericardial effusion, Aries' current pleural effusion appears to have developed secondary to her pulmonary hypertension, and her pulmonary hypertension also puts her at risk for the development of exercise intolerance, syncope, peritoneal effusion, and shortness of breath.

WEIGHT

3.95 kg

Recommended therapy for Aries' pulmonary hypertension is sildenafil (10 mg TID). Recommended therapy to help slow the reaccumulation of pleural effusion includes furosemide (10 mg BID), benazepril (1.25 mg BID), and pimobendan (1.25 mg BID).

HOSPITAL NAME

Westview VH

Recheck radiographs and a renal/electrolyte profile are recommended in 1 week. A focused recheck echocardiogram to reevaluate the severity of Aries' pulmonary hypertension is recommended in 1 month.

REFERRING VET

Dr. Barnes



DATE

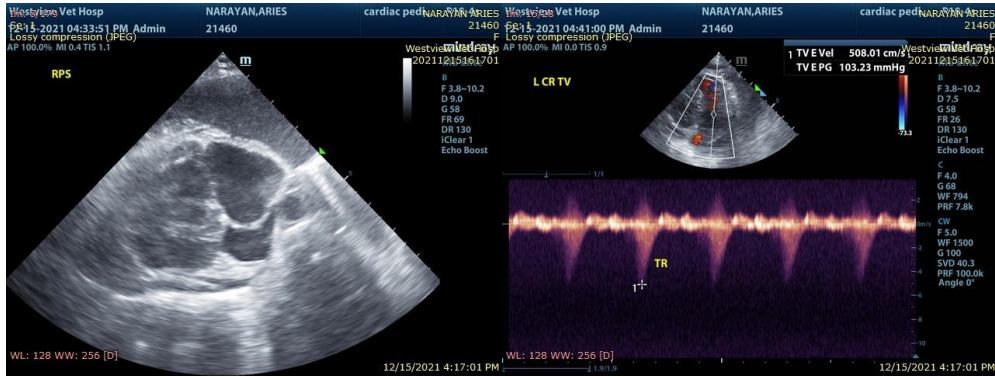
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

PATIENT

Aries Narayan

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631-804-5754

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Canine

BREED

Poodle

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