



PRESENTING CLINICAL SIGNS

History: Coughing on 11/29/22. Receiving a grain-free diet.

DATE

12/19/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

Left atrial size is normal. The mitral valve leaflets are mildly thickened, and a mild jet of mitral regurgitation is present. Left ventricular dimensions are normal. Left ventricular systolic function is normal. The aorta and aortic valve appear normal, though there is mildly increased velocity laminar flow velocity in the ascending aorta. Right atrial and right ventricular dimensions are normal. The tricuspid valve leaflets are mildly thickened, and a mild jet of tricuspid regurgitation is present. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No heartworms are visualized. No pericardial effusion or cardiac masses are seen.

PERFORMED BY:

Sarah Pender, CVT

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

LA – 39.6 mm
LVIDd – 39.4 mm
LVIDs – 25.4 mm
FS – 35.5%

PATIENT

Bear Rorah

RA – 29.7 mm
LVOT – 2.13 m/s
RVOT – 0.84 m/s

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease

BREED

Heeler Mix

This examination demonstrates mild regurgitation of blood across Bear’s mitral and tricuspid valves resulting from degenerative valve disease. The hemodynamic effects of the regurgitations also appear to be mild, as Bear does not have secondary dilation of any of his cardiac chambers. As such, Bear’s valvular diseases appear to be well-compensated, and his cough does not appear to be cardiogenic in origin.

SEX

MN

While no evidence of a diet-associated cardiomyopathy is appreciated in this exam, caution must be used if Bear is going to continue to receive a grain-free diet.

No therapy is recommended at this stage of Bear’s valvular diseases.

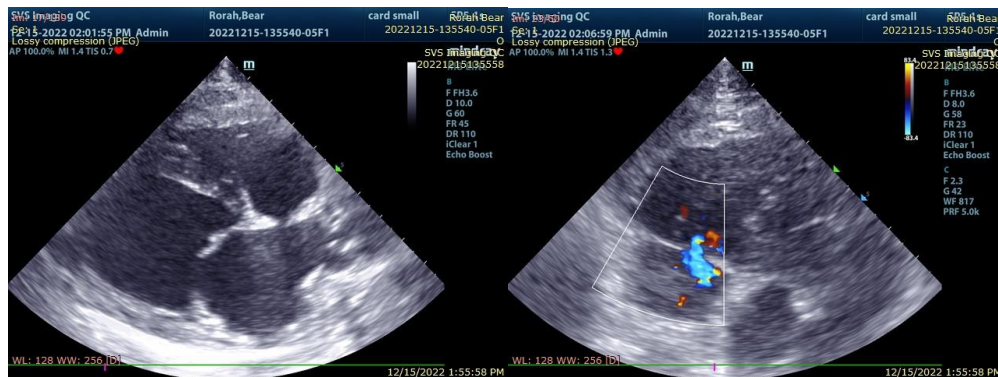
AGE

9 y

A recheck echocardiogram is recommended in 6 months to monitor for disease progression.

WEIGHT

58 lb



HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Glispie

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

12/19/22

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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