


**PRESENTING CLINICAL SIGNS**

History: Chronic cough with progressive lethargy for ~3 weeks. Abdominal distension (peritoneal effusion) noted this week. Elevated BNP.

**DATE**

12/19/22

**ECHOCARDIOGRAPHIC FINDINGS**

2D, M-mode, and Doppler study.

**PERFORMED BY:**

Tom McNeill

**INTERPRETED BY**

 Keith Blass, DVM,  
 MS, DACVIM  
 (Cardiology)

There is moderate left atrial dilation. The mitral valve leaflets are mildly thickened, and a severe jet of mitral regurgitation is present. There is moderate left ventricular dilation. Left ventricular systolic function measures near the lower limit of normal. The aorta and aortic valve 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 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 heartworms are visualized. No pericardial effusion or cardiac masses are seen.

**PATIENT**

Ripley Simmerman

 LA - 52.1 mm  
 LVIDd - 54.3 mm  
 LVIDs - 40.6 mm  
 FS - 25.2%  
 RA - 30.7 mm  
 LVOT - 1.13 m/s  
 RVOT - 1.66 m/s  
 TR - 2.47 m/s

**SPECIES**

Canine

**ASSESSMENT/RECOMMENDATIONS**

Degenerative mitral and tricuspid valve disease

**BREED**

Goldendoodle

This examination demonstrates regurgitation of blood across Ripley's mitral and tricuspid valves resulting from degenerative valve disease. Ripley has severe mitral regurgitation present, with moderate secondary dilation of both her left atrium and left ventricle. Given this, it's possible that mainstem bronchial compression could be contributing to Ripley's cough, and she is at risk for the development of left-sided congestive heart failure. Ripley's tricuspid valve disease is much milder, as she has only mild tricuspid regurgitation present, with no secondary dilation of her right heart chambers. Given the absence of right atrial dilation, as well as the absence of pulmonary hypertension, no obvious reason for Ripley's peritoneal effusion is appreciated in the image set, though a cardiogenic origin cannot be definitively ruled out.

**SEX**

FS

**AGE**

8 y

Abdominocentesis is recommended, and samples of effusion should be submitted for analysis/cytology.

Recommended therapy based on Ripley's echocardiogram is pimobendan (7.5 mg am, 5 mg pm), as this medication should help to slow the progression of her valvular diseases. Should fluid analysis suggest a cardiogenic origin (ex. modified transudate in the absence of a non-cardiac cause), additional therapy with furosemide (50 mg BID) and enalapril (10 mg BID) would be warranted.

**WEIGHT**

51lb

A renal/electrolyte profile is recommended in 1-2 weeks if furosemide and enalapril are started. A recheck echocardiogram is recommended in ~6 months. Thoracic radiographs are recommended if Ripley experiences labored breathing.

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

Dr. Kalirawana



DATE

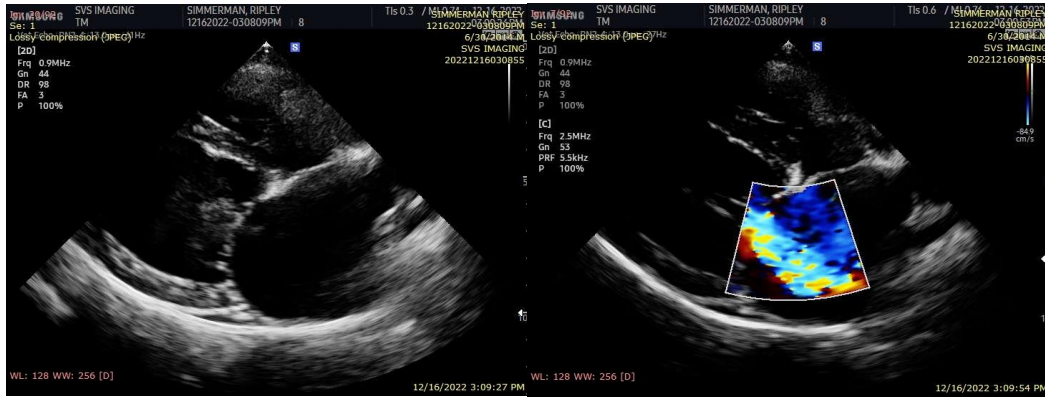
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

PATIENT

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.

Ripley Simmerman

Keith Blass, DVM, MS, DACVIM (Cardiology)  
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631-804-5754

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