


PRESENTING CLINICAL SIGNS

History: Hx of degenerative valve disease and CHF. Reduced appetite, mild peritoneal effusion. Receiving furosemide 18.75 mg BID, enalapril 2.5 mg SID, pimobendane 1.25 mg BID, and spironolactone 6.25 mg BID.

DATE

12/20/21

ECHOCARDIOGRAPHIC FINDINGS

Multiple 2D, M-mode, and Doppler video loops and still images are submitted for review.

PERFORMED BY:

Sarah Pender, CVT

INTERPRETED BY

 Keith Blass, DVM,
 MS, DACVIM
 (Cardiology)

There is moderate left atrial dilation. The mitral valve leaflets are thickened and exhibit systolic prolapse. A moderate jet of eccentric mitral regurgitation is present. There is mild left ventricular dilation. Left ventricular systolic function is hyperdynamic. The aorta and aortic valve are normal. There is borderline mild right atrial and right ventricular dilation. The tricuspid valve leaflets are mildly thickened, and a moderate jet of tricuspid regurgitation is present. TR velocity is consistent with the presence of moderate to severe pulmonary hypertension (PG 77 mmHg). The main pulmonary artery is mildly dilated. The pulmonic valve appears normal, though very mild pulmonic insufficiency is present. No heartworms are visualized. No pericardial effusion or cardiac masses are seen. A small pocket of pleural effusion is present.

PATIENT

Bailey Basile

LA - 32.1 mm
 LVIDd - 27.5 mm
 LVIDs - 10.9 mm
 FS - 60%
 RA - 24.7 mm
 LVOT - 1.21 m/s
 RVOT - 1.05 m/s
 TR - 4.39 m/s

SPECIES

Canine

RADIOGRAPHIC FINDINGS

Orthogonal thoracic radiographs are submitted for review.

BREED

Pomeranian

There is severe left atrial and moderate left ventricular enlargement. The pulmonary vessels are within normal limits. The pulmonary parenchyma is within normal limits. A very small amount of pleural effusion is present between the right middle and caudal lung lobes. There are two small round opacities in the lungs, one just cranial to the eleventh rib on the left side near the body wall, and the other overlying the eleventh rib on the right near the midline (both seen in the VD image). The trachea is normal. The remainder of the thorax is unremarkable.

SEX

FS

ELECTROCARDIOGRAPHIC FINDINGS

A single lead ECG is submitted for review.

AGE

12 y

HR: 114 bpm
 Rhythm: Sinus arrhythmia

Sinus arrhythmia is present throughout this recording. All complex amplitudes and intervals are within normal limits. No premature beats or conduction blocks are seen.

WEIGHT

13 lb

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease
 Pulmonary hypertension

HOSPITAL NAME

SVS Imaging QC

This examination demonstrates no progression of Bailey's valvular diseases over the past 6 months, however, she now has moderate to severe pulmonary hypertension present. While Bailey has only borderline mild right heart dilation, it is common for dogs with this degree of pulmonary hypertension to develop right-sided congestive heart failure, therefore, it's possible that Bailey's

REFERRING VET

Dr. Garro



pulmonary hypertension could be the cause of her small volume of pleural and peritoneal effusions. In addition to right-sided CHF, Bailey's pulmonary hypertension puts her at risk for the development of exercise intolerance, syncope, and shortness of breath, therefore, careful monitoring for these signs is recommended.

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Bailey's radiographs show a very small amount of pleural effusion, as well as two small round opacities. The significance of the opacities is unknown, though end-on blood vessels and nodules should be considered as possible differentials.

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Sarah Pender, CVT

No abnormalities are appreciated in Bailey's ECG.

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

Thoracocentesis is recommended, if possible, and a sample of effusion should be submitted for analysis.

Recommended therapy for Bailey's pulmonary hypertension is sildenafil (10 mg TID). Given the likelihood of mild right-sided CHF being present, an increase in Bailey's furosemide dose to 25 mg BID also appears to be warranted.

PATIENT

Bailey Basile

A renal/electrolyte profile is recommended in 1-2 weeks. A recheck echocardiogram is recommended in 4 months, sooner if new clinical signs compatible with pulmonary hypertension develop.

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AGE

12 y

WEIGHT

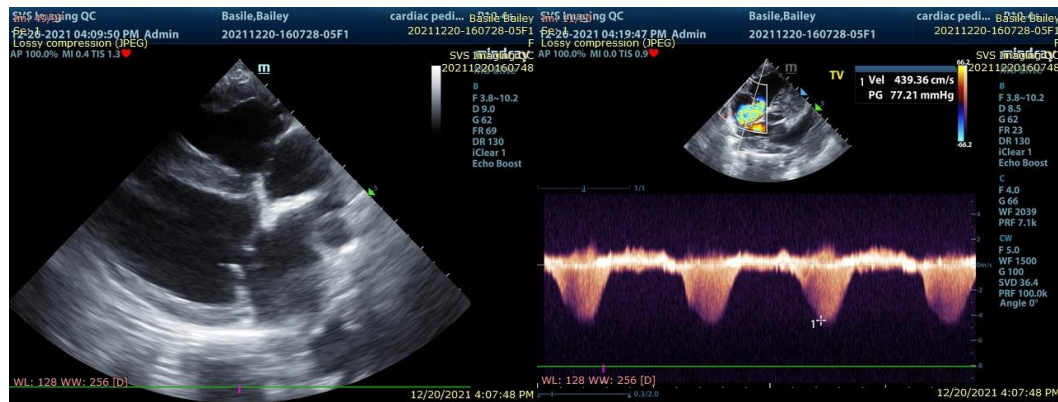
13 lb

HOSPITAL NAME

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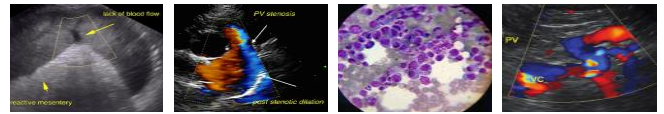
Dr. Garro



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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631-804-5754



DATE

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PERFORMED BY:

Sarah Pender, CVT

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

PATIENT

Bailey Basile

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