



PRESENTING CLINICAL SIGNS

DATE History: Chronic cough secondary to pulmonary disease. Concern for pulmonary hypertension. HW negative. ECG – sinus rhythm. Receiving diphenhydramine.

12/20/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Dana Alterman, RDS,
LVT

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

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

LVIDd – 32.7 mm
LVIDs – 21.2 mm
FS – 35%
LVOT – 1.69 m/s
RVOT – 1.29 m/s

PATIENT

Dizzy Bowie

ASSESSMENT/RECOMMENDATIONS

Normal echocardiogram

SPECIES

Canine

This examination demonstrates no evidence of structural heart disease. As such, there does not appear to be a cardiac contribution to Dizzy’s cough. While the absence of tricuspid or pulmonic regurgitation prevents a quantitative assessment of Dizzy’s pulmonary artery pressure from being made, there are no changes in this exam via 2D or Doppler imaging that would be consistent with the presence of hemodynamically relevant pulmonary hypertension.

BREED

Boxer Mix

Dizzy does have mildly increased flow velocity in his aorta, therefore, its possible that he could develop a left basilar functional/innocent murmur, which is very common in boxers.

No therapy is recommended based on this exam.

SEX

A recheck echocardiogram is recommended if new physical exam and/or clinical abnormalities suggestive of the presence of cardiac dysfunction and/or pulmonary hypertension develop.

MN

AGE

2 y

WEIGHT

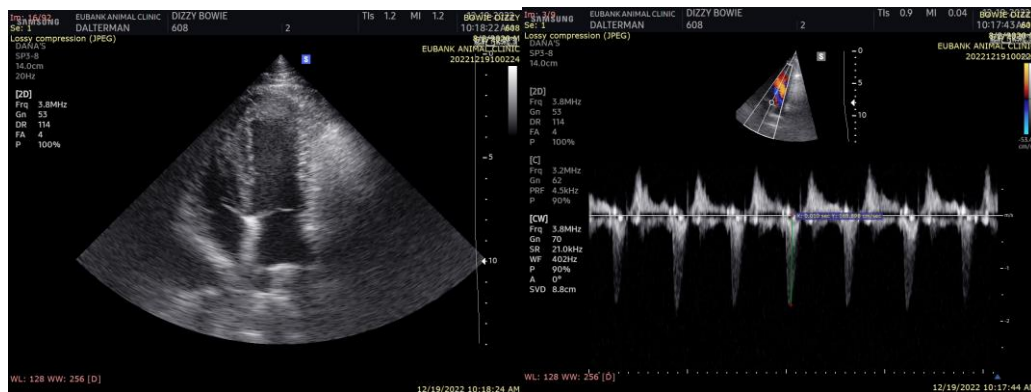
55 lb

HOSPITAL NAME

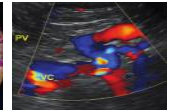
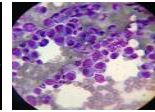
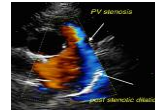
Eubank AC

REFERRING VET

Dr. Conley



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

12/20/22

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:

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LVT

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