
PRESENTING CLINICAL SIGNS
DATE

12/22/21

History: Echo earlier this month showed severe degenerative mitral valve disease, mild tricuspid valve disease, and mild PH. Also seen was mild pericardial effusion and a clot in the pericardial space – concern for left atrial tear. Following echo, started on furosemide 10 mg BID, enalapril 5 mg SID, pimobendan 2.5 mg BID, spironolactone 12.5 mg SID, and omega-3s. Doing well since medications were started. BW – K 3.3, ALP 257, rest WNL.

PERFORMED BY:

Dr. Ferrer

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

INTERPRETED BY

 Keith Blass, DVM,
 MS, DACVIM
 (Cardiology)

There is severe left atrial dilation. The mitral valve leaflets are thickened and exhibit systolic prolapse. A severe jet of eccentric mitral regurgitation is present. There is moderate left ventricular dilation. Left ventricular systolic function is 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 are normal. No shunting lesions are visualized. A small volume of pericardial effusion is present. No thrombi are visualized in the pericardial space. No cardiac masses are seen.

PATIENT

 Lana Rodriguez
 Sanchez

ECG during echo: Sinus rhythm

SPECIES

Canine

LA – 48.2 mm
 LVIDd – 42.2 mm
 LVIDs – 27.3 mm
 FS – 35%
 RA – 23.2 mm
 LVOT – 0.76 m/s
 RVOT – 1.08 m/s
 TR – 2.52 m/s

BREED

Schnauzer

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease
 Pericardial effusion
 Pulmonary hypertension - historical

SEX

FS

This examination is very similar to the one performed 16 days ago, though no evidence of pulmonary hypertension is seen in today's exam. Lana does still have very mild pericardial effusion present, and I suspect that this is just residual effusion that has not yet completely resolved. Whether a left atrial tear was the cause of Lana's original effusion is difficult to say, though the fact that no additional effusion has developed indicates that an active tear does not appear to be currently present.

AGE

10 y

As Lana is doing well and her small amount of pericardial effusion is not causing cardiac tamponade, it's unlikely that a major adjustment to her therapy is necessary at this time, though an increase in her spironolactone dose to 12.5 mg BID is recommended, and a mild increase in her furosemide dose to 20 mg am, 10 mg pm can be considered to see if this results in more rapid resolution of the remaining effusion.

WEIGHT

20 lb

HOSPITAL NAME

Paseos VC

A focused recheck echocardiogram is recommended in 1 month to reevaluate for the presence of pericardial effusion, sooner if clinical signs compatible with cardiac tamponade (weakness, lethargy, collapse, vomiting) develop.

REFERRING VET

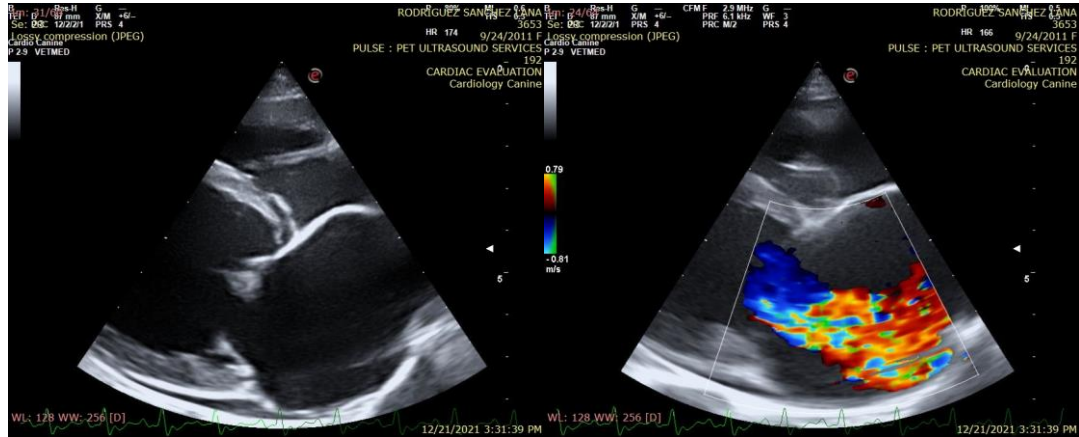
Dr. Ortiz



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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

Lana Rodriguez Sanchez

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.

SPECIES

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

Canine

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