


PRESENTING CLINICAL SIGNS

DATE History: Grade 4/6 left-sided murmur. Occasionally has possible syncopal episodes – usually start when asleep or deeply resting, stiffens, cries, mucous membranes turn white, tachycardic, then full recovery.

12/26/22

ECHOCARDIOGRAPHIC FINDINGS

PERFORMED BY: 2D, M-mode, and Doppler study.

Sara Hansen There is mild left atrial dilation. The mitral valve leaflets are thickened and exhibit systolic prolapse. A moderate jet of mitral regurgitation is present. There is mild left ventricular dilation.

INTERPRETED BY Left ventricular systolic function is hyperdynamic. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve appears normal, though trace 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.

Keith Blass, DVM, MS, DACVIM (Cardiology)

PATIENT LA – 31.1 mm
 LVIDd – 30.0 mm
 LVIDs – 13.0 mm
 FS – 56.7%
 RA – 17.2 mm
 LVOT – 1.42 m/s
 RVOT – 0.76 m/s

Alice Johnson

SPECIES **ELECTROCARDIOGRAPHIC FINDINGS**

Canine A single lead ECG is submitted for review.

BREED HR: 104 bpm
 Rhythm: Sinus arrhythmia

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

SEX **ASSESSMENT/RECOMMENDATIONS**
 Degenerative mitral valve disease

FS This examination demonstrates moderate regurgitation of blood across Alice’s mitral valve resulting from degenerative valve disease. Secondary to her regurgitation, Alice has mild dilation of both her left atrium and left ventricle, though her left ventricular systolic function is well-preserved. As only mild left heart chamber dilation is present, Alice’s mitral valve disease appears to be well-compensated, and it’s unlikely to be the cause of her syncopal-like episodes.

AGE

14 y

WEIGHT No pathologic arrhythmias are appreciated in Alice’s ECG, however, it’s possible that she could be experiencing one intermittently. In addition to an arrhythmia, vasovagal episodes should be considered as possible differentials for Alice’s episodes, should they be syncope in nature.

20 lb

A Holter and/or event monitor may be warranted to evaluate for an intermittent arrhythmia.

HOSPITAL NAME I recommend starting Alice on pimobendan (2.5 mg BID), as this medication should help to slow the progression of her mitral valve disease.

The Veterinary Hospital

A recheck echocardiogram is recommended in 6 months, sooner if new clinical signs compatible with cardiac dysfunction develop.

REFERRING VET

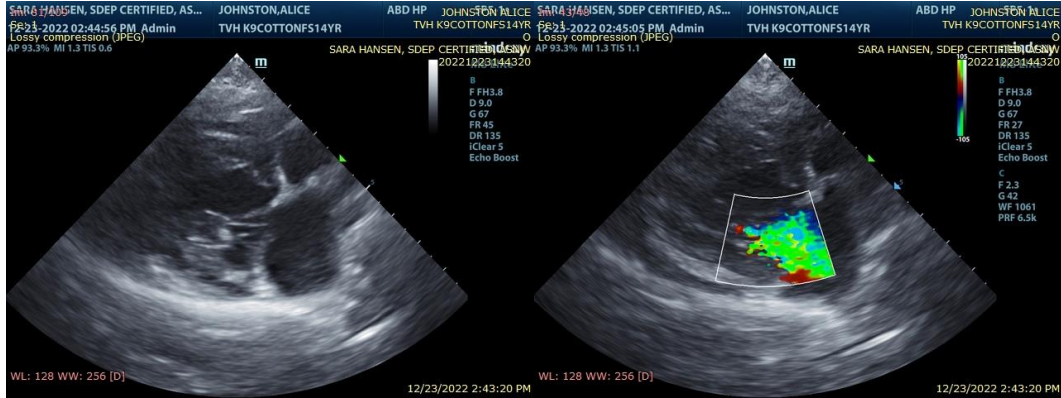
Dr. Johnson



DATE
12/26/22

PERFORMED BY:
Sara Hansen

INTERPRETED BY
Keith Blass, DVM,
MS, DACVIM
(Cardiology)



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

Alice Johnson

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

Canine

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BREED

Coton de Tulear

SEX

FS

AGE

14 y

WEIGHT

20 lb

HOSPITAL NAME

The Veterinary
Hospital

REFERRING VET

Dr. Johnson