


PRESENTING CLINICAL SIGNS

DATE History: Presented to ER for acute tachypnea. SpO2 88% - increased to 98% in O2. Grade 2/6 right-sided murmur. HW negative. Fluid and furosemide resulted in no improvement.

12/26/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Dana Alterman,
RDCS, LVT

Left atrial size is normal. The mitral valve leaflets are mildly thickened, and a mild jet of eccentric mitral regurgitation is present. Left ventricular dimensions are normal. Left ventricular systolic function is hyperdynamic. The aorta and aortic valve appear normal, though trace aortic insufficiency is present. Right atrial and right ventricular dimensions are normal. The tricuspid valve appears normal. 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.

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

LVIDd - 22.6 mm
LVIDs - 12.1 mm
FS - 46.4%
LVOT - 0.89 m/s
RVOT - 0.76 m/s

PATIENT

Bowser Lindgren

ELECTROCARDIOGRAPHIC FINDINGS

A single ECG is submitted for review.

SPECIES

HR: 114 bpm
Rhythm: Sinus

Canine

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

BREED
RADIOGRAPHIC FINDINGS

Maltese

Three-view thoracic radiographs are submitted for review.

The cardiac silhouette is normal in size, with no specific chamber enlargement present. The pulmonary vessels are within normal limits. The pulmonary parenchyma and pleural space are within normal limits. The trachea is normal. The remainder of the thorax is unremarkable.

SEX
MN
ASSESSMENT/RECOMMENDATIONS

Degenerative mitral valve disease

AGE

14 y

Bowser's echocardiogram demonstrates mild regurgitation of blood across his mitral valve resulting from degenerative valve disease. The hemodynamic effects of the regurgitation also appear to be mild, as Bowser does not have secondary dilation of either of his left heart chambers. As such, Bowser's mitral valve disease appears to be well-compensated, and it does not appear to be the cause of his tachypnea. No obvious reason for the tachypnea is appreciated in Bowser's thoracic radiographs, though consideration should be given to a primary respiratory abnormality, such as allergic/inflammatory airway disease and pulmonary thromboembolism as possible causes, as these can be present in the absence of radiographic abnormalities.

WEIGHT

3.9 kg

HOSPITAL NAME

No abnormalities are appreciated in Bowser's ECG.

Eubank AC

No cardiac therapy is recommended based on these exams. Continued oxygen therapy +/- supportive care is recommended if Bowser remains tachypneic. Additional therapy, such as a bronchodilator and/or anti-inflammatory medication, may potentially be warranted if an underlying cause of Bowser's tachypnea can be identified.

REFERRING VET

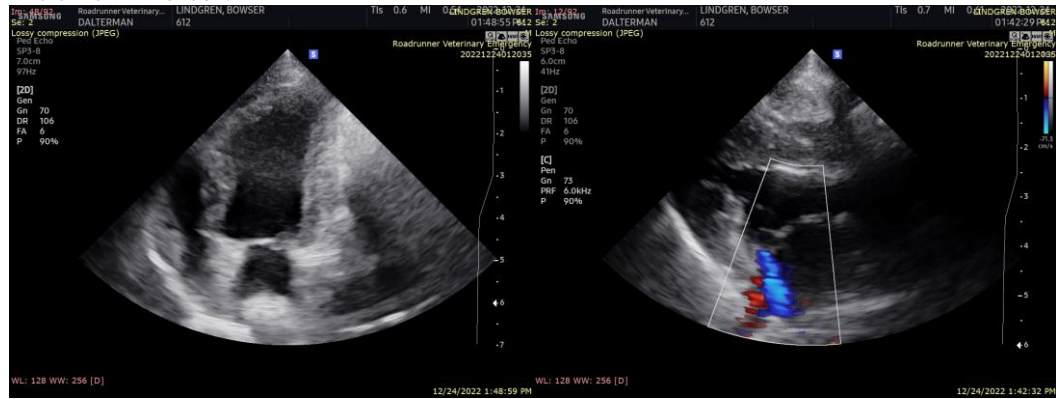
Dr. Rouse



DATE

A recheck echocardiogram is recommended in 6 months to monitor for progression of Bowser's mitral valve disease.

12/26/22



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PATIENT

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.

Bowser Lindgren

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

Maltese

SEX

MN

AGE

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WEIGHT

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HOSPITAL NAME

Eubank AC

REFERRING VET

Dr. Rouse