



PRESENTING CLINICAL SIGNS

History: Coughing for 3 weeks. PU/PD, lethargic, panting.

DATE

12/27/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Rebekah Jakum

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

There is mild left atrial dilation. The mitral valve leaflets are thickened and exhibit mild systolic prolapse. A mild to 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. 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.

LA – 25.6 mm
LVIDd – 25.5 mm
LVIDs – 13.4 mm
FS – 47.5%
RA – 16.1 mm
LVOT – 1.86 m/s
RVOT – 0.86 m/s

PATIENT

Shiloh Johnson

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral valve disease

SPECIES

Canine

This examination demonstrates mild to moderate regurgitation of blood across Shiloh’s mitral valve resulting from degenerative valve disease. Secondary to his regurgitation, Shiloh has mild dilation of both his left atrium and left ventricle, though his left ventricular systolic function is well-preserved. As only mild left heart chamber dilation is present, Shiloh’s mitral valve disease is likely well-compensated, and it’s unlikely to be the cause of his cough or other current clinical signs.

BREED

Chihuahua Mix

Thoracic radiographs are recommended to further evaluate Shiloh’s cough.

SEX

I recommend starting Shiloh on pimobendan (1.25 mg BID), as this medication should help to slow the progression of his mitral valve disease.

M

A recheck echocardiogram is recommended in 9 months to monitor for disease progression.

AGE

10 y

WEIGHT

9.3 lb

HOSPITAL NAME

Pocono Peak VC



REFERRING VET

Dr. Coyle

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

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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:

Rebekah Jakum

Keith Blass, DVM, MS, DACVIM (Cardiology)

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631-804-5754

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