

RESENTING CLINICAL SIGNS

DATE

12/28/21

History: History of stage B2 degenerative valve disease (most recent echo 6/4/21). Receiving pimobendan 2.5 mg BID. Increased coughing/gagging. Radiographs show cardiomegaly but no evidence of CHF.

ECHOCARDIOGRAPHIC FINDINGS

PERFORMED BY:

Kelly Vazquez

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

2D, M-mode, and Doppler study.

There is moderate left atrial dilation. The mitral valve leaflets are thickened and exhibit systolic prolapse. A moderate to severe 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 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. No pericardial effusion or cardiac masses are seen.

PATIENT

Sam Williams

LA - 37.3 mm
LVIDd - 33.0 mm
LVIDs - 16.8 mm
FS - 49%
LVOT - 1.48 m/s
RVOT - 1.02 m/s
TR - 2.63 m/s

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease

BREED

CKCS

SEX

MN

AGE

8 y

WEIGHT

19 lb

HOSPITAL NAME

Westwood Regional

REFERRING VET

Dr. Hartwick

This examination demonstrates no progression of Sam's valvular diseases over the past 6 months. While no progression has occurred, the presence of moderate left atrial dilation indicates that mainstem bronchial compression could potentially be contributing to Sam's cough, though definitive evidence of this is not appreciated in his radiographs (nor is any other obvious reason for his cough).

Recommended therapy for Sam's cough is hydrocodone (2.5 mg PRN, up to every 6 hours). Should Sam's cough persist, a trial with furosemide (10 mg BID) may be warranted. No change in Sam's pimobendan dose is recommended at this time.

A recheck echocardiogram is recommended in 6-9 months. Repeat thoracic radiographs are recommended if clinical signs compatible with congestive heart failure develop.



DATE

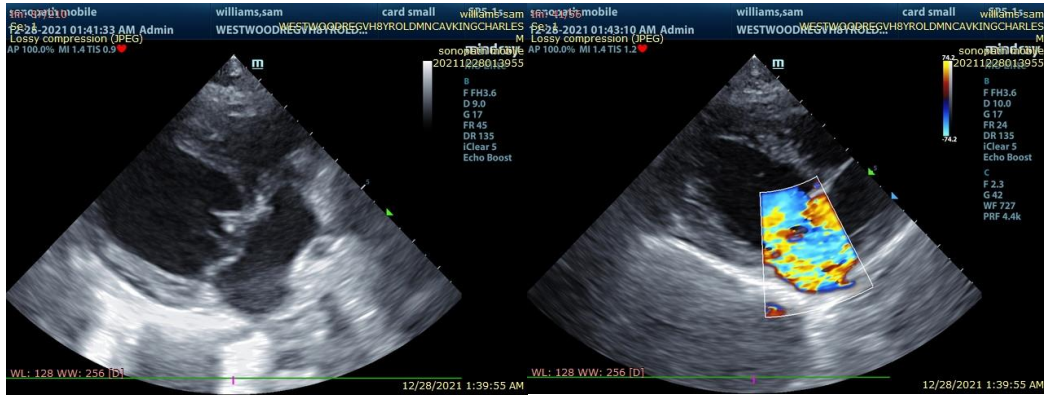
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

PATIENT

Sam Williams

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.

Keith Blass, DVM, MS, DACVIM (Cardiology)
KeithBlass@gmail.com
631-804-5754

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