


PRESENTING CLINICAL SIGNS

History: Experiencing syncope episodes. Grade 3-4/6 murmur. Receiving pimobendan, sildenafil, and thyroid tabs. Syncope has improved but still occurs when agitated.

DATE

12/28/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Dr. Gabriel Ferrer

INTERPRETED BY

 Keith Blass, DVM,
 MS, DACVIM
 (Cardiology)

Left atrial size is normal. The mitral valve is normal. The left ventricle is underfilled. 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 is consistent with the presence of severe systolic pulmonary hypertension (PG 127.8 mmHg). There is flattening of the interventricular septum. There is dilation of the main pulmonary artery. The pulmonic valve appears normal, though mild pulmonic insufficiency is present. PI velocity is consistent with the presence of significant diastolic pulmonary hypertension. No shunting lesions are visualized. No heartworms are visualized. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus rhythm

PATIENT

Buzz Diaz de Jesus

LA - 13.1 mm
 LVIDd - 8.7 mm
 LVIDs - 2.8 mm
 FS - 67.8%

SPECIES

Canine

RA - 17.0 mm
 RVIDd - 15.7 mm
 LVOT - 0.67 m/s
 RVOT - 0.85 m/s

BREED

Yorkie

TR - 5.65 m/s
 PV - 12.5 mm
 PI - 3.89 m/s

ASSESSMENT/RECOMMENDATIONS

Degenerative tricuspid valve disease
 Pulmonary hypertension

SEX

MN

AGE

10 y

This examination demonstrates mild regurgitation of blood across Buzz's tricuspid valve resulting from degenerative valve disease. More importantly, the velocity of the regurgitation indicates that Buzz suffers from severe pulmonary hypertension, with differentials for the pulmonary hypertension including respiratory disease, heartworm disease, and idiopathic disease. Buzz's pulmonary hypertension is very likely the cause of his syncope episodes, and the disease also puts him at risk for the development of exercise intolerance and right-sided congestive heart failure, therefore, careful monitoring for these is recommended.

WEIGHT

4.16 lb

Thoracic radiographs and a heartworm antigen test may be warranted to screen for possible causes of Buzz's pulmonary hypertension.

Continued use of pimobendan (0.625 mg BID) is recommended based on this exam. Continued use of sildenafil (5 mg TID) is also warranted based on this exam.

HOSPITAL NAME

Paseos VC

A focused recheck echocardiogram to reevaluate the severity of Buzz's pulmonary hypertension in response to therapy is recommended in 1-2 months.

REFERRING VET

Dr. Biello



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WEIGHT

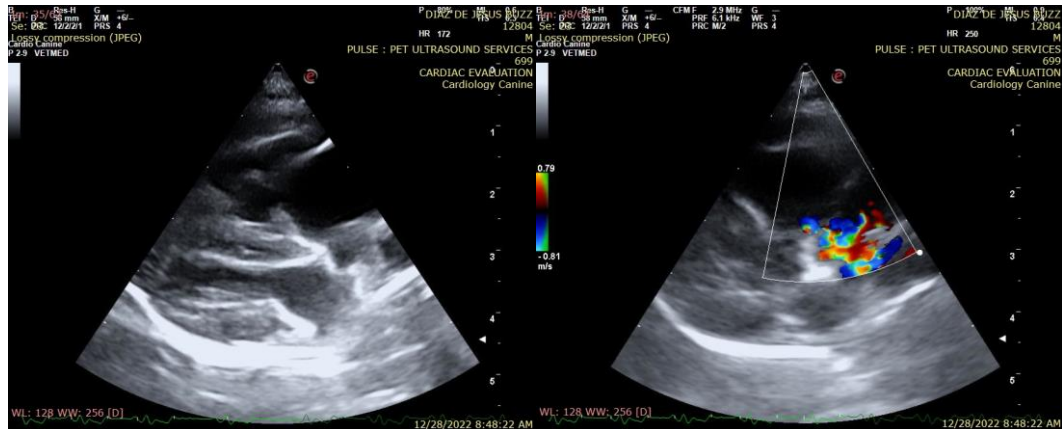
4.16 lb

HOSPITAL NAME

Paseos VC

REFERRING VET

Dr. Biello



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.

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)

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