


PRESENTING CLINICAL SIGNS

DATE History: Grade IV/VI murmur noted during workup prior to foreign body removal. Started on pimobendan 1.25 mg BID. Previous history of heartworm disease several years ago.

12/29/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Dr. Meredith Swart

There is severe left atrial dilation. The mitral valve leaflets are thickened and exhibit systolic prolapse. A severe jet of eccentric mitral regurgitation is present. There is severe left ventricular dilation. Left ventricular systolic function is normal. 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 mild pulmonary hypertension (PG 41.5 mmHg). The pulmonary artery and pulmonic valve are normal. No heartworms are visualized. No pericardial effusion or cardiac masses are seen.

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

An intermittently irregular heart rhythm is present.

PATIENT

Stuart Hoppock

LA - 42.9 mm
LVIDd - 43.2 mm
LVIDs - 25.7 mm
FS - 40.5%

SPECIES

Canine

RA - 19.0 mm
LVOT - 1.30 m/s
RVOT - 1.55 m/s
TR - 3.22 m/s

BREED

Dachshund

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease
Pulmonary hypertension
Possible arrhythmia

SEX

MN

AGE

~8 y

This examination demonstrates regurgitation of blood across Stuart's mitral and tricuspid valves resulting from degenerative valve disease. Stuart's tricuspid valve disease is mild, as evidenced by his absence of secondary right heart chamber dilation. His mitral valve disease is significantly more advanced, as Stuart has severe mitral regurgitation present, with severe secondary dilation of both his left atrium and left ventricle, as well as mild secondary pulmonary hypertension. Given the severity of his disease, Stuart is at high risk for the development of clinical signs, such as coughing, exercise intolerance, syncope, and labored breathing, therefore, careful monitoring for these signs is recommended.

A mild intermittent arrhythmia appeared to be present during Stuart's echocardiogram, therefore, an ECG is recommended for further evaluation.

WEIGHT

14 lb

Stuart's current therapy with pimobendan is warranted based on this exam, however, I recommend increasing his dose to 2.5 mg am and 1.25 mg pm. I also recommend starting Stuart on enalapril (3.75 mg am, 2.5 mg pm).

HOSPITAL NAME

Swart Veterinary
Imaging

A renal/electrolyte profile is recommended in 1-2 weeks. Thoracic radiographs are recommended if Stuart experiences respiratory clinical signs. A recheck echocardiogram is recommended in 6 months.

REFERRING VET

Dr. Swart



DATE

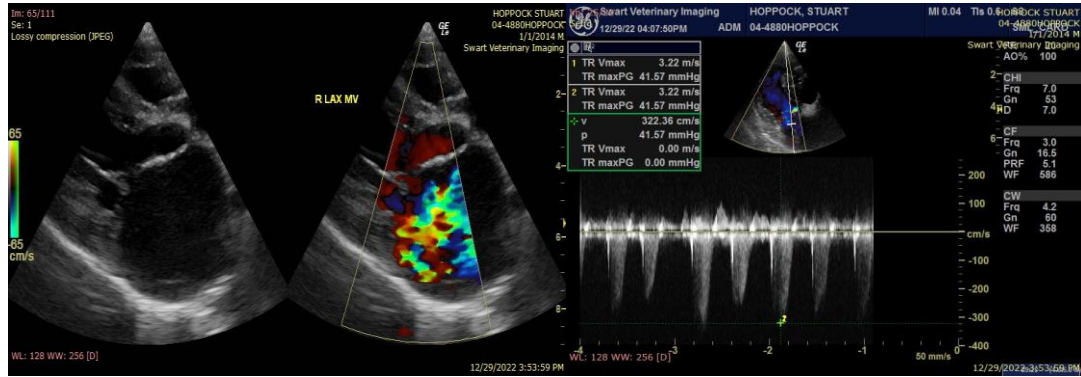
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

PATIENT

Stuart Hoppock

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

Keith Blass, DVM, MS, DACVIM (Cardiology)
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631-804-5754

BREED

Dachshund

SEX

MN

AGE

~8 y

WEIGHT

14 lb

HOSPITAL NAME

Swart Veterinary
Imaging

REFERRING VET

Dr. Swart