
RESENTING CLINICAL SIGNS

DATE History: Coughing/hacking for the past 24-48 hours. Didn't want to eat this morning. PE - tachycardia with irregular rhythm. Receiving signature lamb and rice diet.

12/30/21

ECHOCARDIOGRAPHIC FINDINGS

PERFORMED BY: 2D, M-mode, and Doppler study.

Loetitia Saint-Jacques, RVT, LVT

INTERPRETED BY

Keith Blass, DVM, MS, DACVIM (Cardiology)

There is mild to moderate left atrial dilation. The mitral valve leaflets are mildly thickened, and a mild to moderate jet of mitral regurgitation is present. There is mild to moderate left ventricular dilation. Left ventricular systolic function measures normally, however, there is hypokinesis of the left ventricular posterior wall, with normal motion of the interventricular septum. 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 pulmonary valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

PATIENT An irregular heart rhythm is present.

Sarah Wheelock
 LA - 44.9 mm
 LA/Ao - 1.91
 LVIDd - 44.8 mm
 LVIDs - 32.4 mm
SPECIES FS - 27.7%
 RA - 28.8 mm
 Canine LVOT - 1.31 m/s
 RVOT - 0.85 m/s

BREED **ELECTROCARDIOGRAPHIC FINDINGS**

Bull Terrier Mix A six lead ECG is submitted for review.

HR: 166 bpm
 Rhythm: Sinus

SEX

FS Sinus tachycardia is present throughout this recording. The MEA is normal. All complex amplitudes and intervals are within normal limits. No premature beats or conduction blocks are seen.

ASSESSMENT/RECOMMENDATIONS

AGE Degenerative mitral and tricuspid valve disease
 Segmental myocardial dysfunction

8 y

This examination demonstrates regurgitation of blood across Sarah's mitral and tricuspid valves resulting from degenerative valve disease. Sarah's tricuspid valve disease is mild, as evidenced by her absence of secondary right heart chamber dilation. Her mitral valve disease is more advanced, as Sarah has mild to moderate secondary dilation of both her left atrium and left ventricle. Given this, it's possible that mainstem bronchial compression could be contributing to Sarah's cough, however, the absence of more significant dilation suggests that non-cardiac causes of coughing should also be considered, and thoracic radiographs are recommended for further evaluation.

WEIGHT

53.2 lb

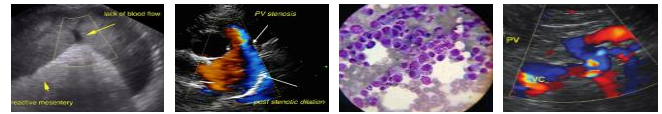
HOSPITAL NAME

Options VC

Also seen in this exam is hypokinesis of Sarah's left ventricular posterior wall. Given the absence of global ventricular dysfunction, it appears unlikely that Sarah suffers from dilated cardiomyopathy (DCM), and consideration should be given to the presence of a myocardial infarct. As lamb and rice diets have been reported by some to potentially be linked to the

REFERRING VET

Dr. Pearson



DATE development of myocardial dysfunction, consideration should also be given to the presence of a diet-associated cardiomyopathy.

12/30/21 Sarah's ECG does not demonstrate a pathologic arrhythmia, however, it's likely that one is present intermittently, as Sarah's heart rhythm appeared to be irregular during her echocardiogram.

PERFORMED BY: A whole blood or plasma taurine level may be warranted, and taurine supplementation (1000 mg BID) should be given if a deficiency is documented. A switch to a grain-based diet with a traditional protein source (ex. chicken, beef) is recommended as a precaution.

Loetitia Saint-Jacques, RVT, LVT

INTERPRETED BY Recommended therapy to help support Sarah's myocardial function and slow the progression of her valvular diseases includes pimobendan (7.5 mg BID), enalapril (10 mg BID), and spironolactone (25 mg BID). A cough suppressant, such as hydrocodone, may be given if Sarah's cough persists.

Keith Blass, DVM, MS, DACVIM (Cardiology)

A Holter monitor may be warranted to evaluate for an intermittent arrhythmia.

PATIENT A renal/electrolyte profile is recommended in 1-2 weeks. A recheck echocardiogram is recommended in 6 months. Repeat thoracic radiographs are recommended if clinical signs compatible with congestive heart failure develop.

Sarah Wheelock

SPECIES Canine

BREED Bull Terrier Mix

SEX FS



AGE 8 y

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.

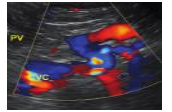
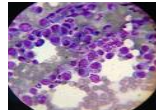
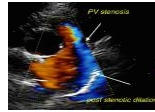
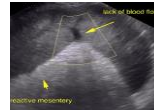
Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

WEIGHT 53.2 lb

HOSPITAL NAME Options VC

REFERRING VET Dr. Pearson

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631-804-5754



DATE

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PERFORMED BY:

Loetitia Saint-Jacques, RVT, LVT

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

PATIENT

Sarah Wheelock

SPECIES

Canine

BREED

Bull Terrier Mix

SEX

FS

AGE

8 y

WEIGHT

53.2 lb

HOSPITAL NAME

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