
PRESENTING CLINICAL SIGNS
DATE

History: Thoracic radiographs taken one week ago showed generalized cardiomegaly and a mild bronchointerstitial pattern. An ECG showed an irregularly irregular rhythm with APCs and biphasic, tall T waves. BNP 6806. Intermittent epistaxis.

12/30/22

ECHOCARDIOGRAPHIC FINDINGS
PERFORMED BY:

2D, M-mode, and Doppler study.

Dr. Eileen Jenkins

There is borderline mild left atrial dilation. The mitral valve leaflets are thickened, and a moderate jet of mitral regurgitation is present. MR velocity does not suggest the presence of systemic hypertension. There is moderate left ventricular dilation. Left ventricular systolic function is normal. The aorta and aortic valve appear 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 appear normal. No heartworms are visualized. No pericardial effusion or cardiac masses are seen.

INTERPRETED BY

 Keith Blass, DVM,
 MS, DACVIM
 (Cardiology)

ECG during echo: Sinus arrhythmia with intermittent VPCs

PATIENT

Kukui King

 LA - 46.3 mm
 LVIDd - 55.4 mm
 LVIDs - 35.7 mm
 FS - 35.6%

SPECIES

Canine

 RA - 26.7 mm
 MR - 4.54 m/s

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is submitted for review.

BREED

Labrador Retriever

 HR: 100 bpm
 Rhythm: Sinus arrhythmia with a VPC

The underlying rhythm is a sinus arrhythmia. The MEA is normal. All sinus complex amplitudes and intervals are within normal limits. A single VPC is present. No atrial ectopy or conduction blocks are seen.

SEX
FS
ASSESSMENT/RECOMMENDATIONS
 Degenerative mitral valve disease
 Ventricular premature complexes (VPCs)

AGE

9 y

Kukui's echocardiogram demonstrates moderate regurgitation of blood across her mitral valve resulting from degenerative valve disease. Secondary to her regurgitation, Kukui has moderate dilation of her left ventricle and borderline mild dilation of her left atrium. As only borderline mild left atrial dilation is present, Kukui's current risk for the development of left-sided congestive heart failure appears to be relatively low, though careful monitoring of her respiratory rate/effort is recommended going forward.

WEIGHT

22 kg

Kukui's MR velocity is not consistent with the presence of chronic hypertension, however, the presence of intermittent acute episodes of hypertension cannot be ruled out as a possible cause of her epistaxis.

HOSPITAL NAME

 Huntsville Vet.
 Specialists & Emerg.

Kukui's ECG demonstrates the presence of intermittent VPCs. Mild ventricular arrhythmias are typically well-tolerated in dogs, though careful monitoring for progression is recommended, as more advanced arrhythmias can result in clinical signs, such as exercise intolerance and syncope, or event sudden death.

REFERRING VET

Dr. Jenkins



DATE

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I recommend starting Kukui on pimobendan (7.5 mg am, 5 mg pm), as this medication should help to slow the progression of her mitral valve disease. Consideration can also be given to starting Kukui on an omega-3 supplement (EPA ~880 mg, DHA ~550 mg daily), as this has been shown to possess some antiarrhythmic properties in dogs. Avoidance of high-intensity exercise is recommended, as this can worsen Kukui's arrhythmia.

PERFORMED BY:

Dr. Eileen Jenkins

A recheck ECG is recommended in 3 months. A recheck echocardiogram is recommended in 9 months. Thoracic radiographs are recommended if Kukui experiences respiratory clinical signs.

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)



PATIENT

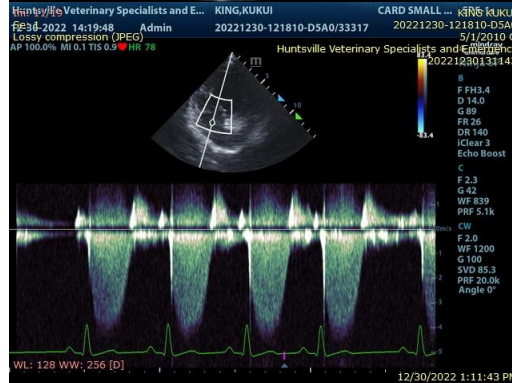
Kukui King

SPECIES

Canine

BREED

Labrador Retriever



SEX

FS

AGE

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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.

WEIGHT

22 kg

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

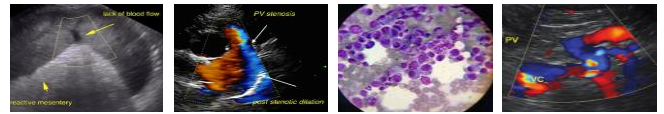
HOSPITAL NAME

Huntsville Vet.
Specialists & Emerg.

REFERRING VET

Dr. Jenkins

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.



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PERFORMED BY:

Dr. Eileen Jenkins

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

PATIENT

Kukui King

SPECIES

Canine

BREED

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SEX

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