


**PRESENTING CLINICAL SIGNS**

**DATE** History: Chronic, non-productive cough. Infectious disease testing and antibiotic trial failed to identify cause of cough.

2/10/23

**ECHOCARDIOGRAPHIC FINDINGS**

2D, M-mode, and Doppler study.

**PERFORMED BY:**

Dr. Eileen Jenkins

**INTERPRETED BY**

Keith Blass, DVM,  
MS, DACVIM  
(Cardiology)

Left atrial size is normal. The mitral valve is normal. Left ventricular dimensions are normal. Left ventricular systolic function is normal. The aorta and aortic valve appear normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve is normal. The pulmonary artery and pulmonic valve appear normal, though trace pulmonic insufficiency is present. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus arrhythmia

LA - 37.2 mm  
LVIDd - 33.9 mm  
LVIDs - 22.5 mm  
FS - 33.6%  
RA - 27.2 mm  
RVOT - 1.08 m/s

**PATIENT**

Rory Kinkle

**ELECTROCARDIOGRAPHIC FINDINGS**

A six lead ECG is submitted for review.

**SPECIES**

Canine

HR: 120 bpm  
Rhythm: Sinus

**BREED**

Mixed

Normal sinus rhythm 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.

**RADIOGRAPHIC FINDINGS**
**SEX**

Orthogonal thoracic radiographs are submitted for review.

**FS**

The cardiac silhouette is normal in size, with no specific chamber enlargement present. The pulmonary vessels are within normal limits. There are minimal pulmonary bronchial markings. The pleural space is within normal limits. The trachea is normal. The remainder of the thorax is unremarkable.

**AGE**

7 y

**ASSESSMENT/RECOMMENDATIONS**
**WEIGHT**

28.5 kg

Rory's echocardiogram demonstrates no evidence of structural heart disease, and her ECG demonstrates no evidence of an arrhythmia. As such, Rory's cough does not appear to be cardiogenic in origin.

**HOSPITAL NAME**

Huntsville Vet Spec. &  
Emergency

No definitive reason for Rory's cough is appreciated in her radiographs. There are very mild bronchial markings present, which could potentially suggest the presence of allergic/inflammatory airway disease, however, given how mild the markings are, they could potentially be normal variants.

Consideration can be given to bronchoscopy/BAL to further evaluate Rory's cough. If this is not pursued, empirical therapy for inflammatory airway disease may be warranted.

**REFERRING VET**

Dr. Jenkins



No cardiac therapy is recommended based on Rory's echocardiogram and ECG.

DATE

2/10/23

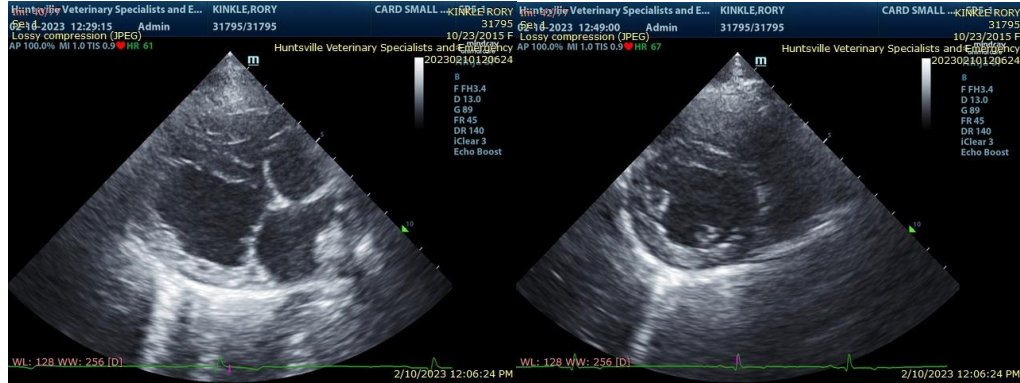
A recheck echocardiogram is recommended if new physical exam and/or clinical abnormalities suggestive of the presence of cardiac dysfunction develop.

PERFORMED BY:

Dr. Eileen Jenkins

INTERPRETED BY

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MS, DACVIM  
(Cardiology)



PATIENT

Rory Kinkle

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.

SPECIES

Canine

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.

BREED

Mixed

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

SEX

FS

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7 y

WEIGHT

28.5 kg

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Emergency

REFERRING VET

Dr. Jenkins