



PRESENTING CLINICAL SIGNS

History: Presented for dyspnea and a distended abdomen. History of tracheal collapse.
Abdominocentesis removed 350 ml of fluid – transudate/modified transudate.

DATE

2/14/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Dr. Brian Barnes

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

Left atrial size is normal. The mitral valve leaflets are mildly thickened, and a mild jet of mitral regurgitation is present. Left ventricular dimensions are normal. Left ventricular systolic function is hyperdynamic. The aorta and aortic valve are normal. There is moderate right atrial and right ventricular dilation. The tricuspid valve leaflets are mildly thickened, and a moderate jet of tricuspid regurgitation is present. TR velocity is consistent with the presence of moderate pulmonary hypertension (PG 55 mmHg). The pulmonary artery and pulmonic valve appear normal, though trace pulmonic insufficiency is present. No shunting lesions are visualized. No heartworms are visualized. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus rhythm

PATIENT

Ella Tardif

SPECIES

Canine

LA – 17.8 mm
LVIDd – 15.7 mm
LVIDs – 7.7 mm
FS – 51%
RA – 23.4 mm
LVOT – 0.96 m/s
RVOT – 0.73 m/s
TR – 3.72 m/s

ASSESSMENT/RECOMMENDATIONS

BREED

Pomeranian

SEX

FS

AGE

10 y

WEIGHT

5.7 kg

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Barnes

Degenerative mitral and tricuspid valve disease
Pulmonary hypertension

This examination demonstrates regurgitation of blood across Ella’s mitral and tricuspid valves resulting from degenerative valve disease. Ella’s mitral valve disease is mild, and appears to be well-compensated at this time. Her tricuspid valve disease is more advanced, as Ella has moderate tricuspid regurgitation present. In addition, Ella’s tricuspid regurgitation velocity is consistent with the presence of moderate pulmonary hypertension. Secondary to the combination of the two diseases, Ella has moderate dilation of her right heart chambers, and it’s likely that her peritoneal effusion is the result of the development of right-sided congestive heart failure.

Recommended therapy based on this exam includes furosemide (10 mg BID), benazepril (2.5 mg BID), pimobendan (1.25 mg BID), spironolactone (6.25 mg BID), and sildenafil (10 mg BID).

A recheck physical exam and renal/electrolyte profile are recommended in 1-2 weeks. A recheck echocardiogram is recommended in 4-6 months.



DATE

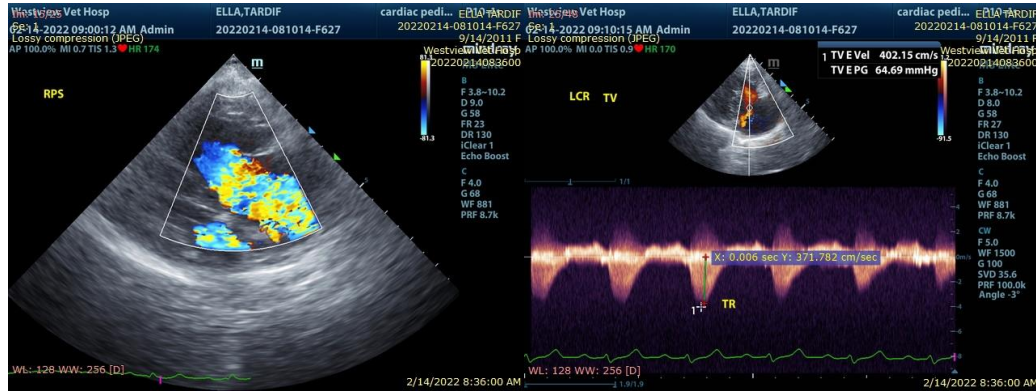
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

PATIENT

Ella Tardif

Keith Blass, DVM, MS, DACVIM (Cardiology)
KeithBlass@gmail.com
631-804-5754

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