



**PRESENTING CLINICAL SIGNS**

History: Recheck DMVD (most recent echo 9/4/21). Also has history of vacuolar hepatopathy and proteinuria. Receiving pimobendan 2.5 mg BID.

DATE

2/15/22

**ECHOCARDIOGRAPHIC FINDINGS**

2D, M-mode, and Doppler study. This exam is compared to the one performed 9/4/21.

PERFORMED BY:

Dr. Brian Barnes

There is mild left atrial dilation. The mitral valve leaflets are mildly thickened and exhibit mild systolic prolapse. A mild to moderate jet of eccentric mitral regurgitation present. There is mild left ventricular dilation. Left ventricular systolic function is hyperdynamic. The aorta and aortic appear normal, though trace aortic insufficiency is present. Right atrial and right ventricular dimensions are normal. The tricuspid valve leaflets are mildly thickened, and a mild jet of tricuspid regurgitation is present. The pulmonary artery and pulmonic valve are normal. No pericardial effusion or cardiac masses are seen.

INTERPRETED BY

Keith Blass, DVM,  
MS, DACVIM  
(Cardiology)

ECG during echo: Sinus arrhythmia

PATIENT

Riley Tait

LA - 31.0 mm (prev. 30.3 mm)  
LVIDd - 29.3 mm (prev. 29.8 mm)  
LVIDs - 13.5 mm (prev. 14.3 mm)  
FS - 54% (prev. 52%)  
LVOT - 0.92 m/s (prev. 1.29 m/s)  
RVOT - 0.60 m/s (prev. 0.88 m/s)  
TR - 2.14 m/s (prev. 2.50 m/s)

SPECIES

Canine

**ASSESSMENT/RECOMMENDATIONS**

Degenerative mitral and tricuspid valve disease

BREED

Shih Tzu

This examination demonstrates no progression of Riley's valvular diseases over the past 5 months. As such, his diseases still appear to be well-compensated, and Riley's current risk for the development of clinical signs secondary to them still appears to be relatively low.

SEX

No change in therapy is recommended at this time.

MN

A recheck (Xray +/- echocardiogram) is recommended in 9 months, sooner if clinical signs compatible with cardiac dysfunction develop.

AGE

11 y

WEIGHT

9.45 kg

HOSPITAL NAME

Westview VH



REFERRING VET

Dr. Barnes

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.

DATE

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.

2/15/22

PERFORMED BY:

**Keith Blass, DVM, MS, DACVIM (Cardiology)**  
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MS, DACVIM  
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PATIENT

Riley Tait

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