



PRESENTING CLINICAL SIGNS

DATE

2/18/22

History: Previously diagnosed with degenerative valve disease with mild LAE (most recent echo 9/1/21). Recently experienced ataxia. PE revealed pulmonary crackles, while radiographs consistent with the presence of pulmonary edema. Started on furosemide and pimobendan. History of splenic mass, weight loss, and diarrhea.

ECHOCARDIOGRAPHIC FINDINGS

PERFORMED BY:

Kelly Vazquez

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

2D, M-mode, and Doppler study.

There is mild to moderate left atrial dilation. The mitral valve leaflets are thickened and exhibit systolic prolapse. A moderate jet of eccentric mitral regurgitation is present. There is mild to moderate left ventricular dilation. Left ventricular systolic function is hyperdynamic. 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. The pulmonary artery and pulmonic valve are normal. No heartworms are visualized. No pericardial effusion or cardiac masses are seen.

PATIENT

Huxley Kelly

LA - 32.5 mm
LVIDd - 32.7 mm
LVIDs - 17.0 mm
FS - 48%
LVOT - 1.10 m/s
RVOT - 0.72 m/s

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease

BREED

Maltese Mix

This examination demonstrates moderate regurgitation of blood across Huxley mitral valve resulting from his previously diagnosed degenerative valve disease. Secondary to his regurgitation, Huxley has mild to moderate dilation of his left atrium and left ventricle, though his left ventricular systolic function is well-preserved. Given the presence of mild to moderate left heart chamber, it comes as no surprise that Huxley has reportedly experienced an episode of left-sided congestive heart failure. Huxley's tricuspid valve disease is still mild and well-compensated.

SEX

MN

Given the changes seen in this exam, as well as Huxley's reportedly radiographic findings, continued use of furosemide (lowest effective dose) and pimobendane (2.5 mg am, 1.25 mg pm) is warranted, as is therapy with enalapril (3.75 mg BID).

AGE

8 y

A renal/electrolyte profile is recommended in 1-2 weeks. A recheck echocardiogram is recommended in 6-9 months.

WEIGHT

15 lb

HOSPITAL NAME

Englewood VC

REFERRING VET

Dr. Ezik



DATE

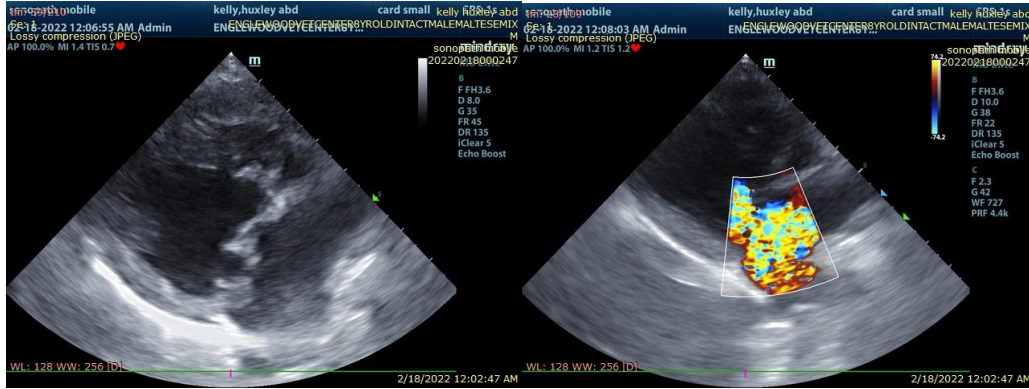
2/18/22

PERFORMED BY:

Kelly Vazquez

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)



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.

PATIENT

Huxley Kelly

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.

SPECIES

Canine

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

BREED

Maltese Mix

SEX

MN

AGE

8 y

WEIGHT

15 lb

HOSPITAL NAME

Englewood VC

REFERRING VET

Dr. Ezik