



PRESENTING CLINICAL SIGNS

DATE History: Coughing, decreased appetite, abdominal breathing. Abnormal thoracic radiographs. Received a bolus of Lasix this morning.

2/22/23

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Kelly Vazquez

There is severe left atrial dilation. The mitral valve leaflets are thickened and exhibit systolic prolapse. A ruptured chorda tendina is also visible. A severe jet of eccentric mitral regurgitation is present. There is moderate to severe left ventricular dilation. Left ventricular systolic function is normal. The aorta and aortic valve are 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 appear normal, though trivial pulmonic insufficiency is present. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

LA - 49.7 mm
LVIDd - 45.3 mm
LVIDs - 26.7 mm
FS - 41%
RA - 21.0 mm
LVOT - 1.56 m/s
RVOT - 0.90 m/s

PATIENT

Scout Sussman

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral valve disease

BREED

Min. Schnauzer

This examination demonstrates severe regurgitation of blood across Scout's mitral valve resulting from degenerative valve disease. Secondary to his regurgitation, Scout has severe dilation of his left atrium and moderate to severe dilation of his left ventricle, though his left ventricular systolic function is normal. Given the presence of severe left atrial dilation, it's likely that mainstem bronchial compression is contributing to Scout's cough, and, while I don't see definitive evidence of pulmonary edema in Scout's radiographs, it's likely that a mild episode of left-sided congestive heart failure is the cause of his abdominal breathing.

SEX

MN

Scout appears to have a ruptured chorda tendina, though it's unclear whether this just occurred or whether it is an historical finding. If the rupture just occurred, careful monitoring for acute worsening of Scout's respiratory clinical signs is recommended.

AGE

9 y

Recommended therapy based on this exam includes furosemide (30 mg BID), enalapril (7.5 mg BID), pimobendan (5 mg am, 2.5 mg pm), and spironolactone (25 mg am, 12.5 mg pm).

WEIGHT

33 lb

A recheck physical exam and renal/electrolyte profile is recommended in 1-2 weeks. A recheck echocardiogram is recommended in 6-9 months. Repeat radiographs are recommended any time Scout experiences respiratory difficulty.

HOSPITAL NAME

New Bridge
Veterinary

REFERRING VET

Dr. Glennon



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.

PATIENT

Scout Sussman

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

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BREED

Min. Schnauzer

SEX

MN

AGE

9 y

WEIGHT

33 lb

HOSPITAL NAME

New Bridge
Veterinary

REFERRING VET

Dr. Glenn