



PRESENTING CLINICAL SIGNS

DATE

2/23/22

History: Presented to rDVM on 2/17/22 for coughing. Was tachypneic/dyspneic during exam. Grade IV/VI murmur. Radiographs showed a VHS of 10.5 and an alveolar infiltrate in the caudodorsal lung fields. Started on furosemide (8 mg SID), enalapril (1 mg SID), and pimobendane (0.625 mg BID).

ECHOCARDIOGRAPHIC FINDINGS

PERFORMED BY:

Tom McNeill

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

2D, M-mode, and Doppler study.

There is mild left atrial dilation. The mitral valve leaflets are thickened and exhibit systolic prolapse. There is Doppler evidence of mitral regurgitation present. There is mild left ventricular dilation. Left ventricular systolic function is hyperdynamic. The aorta and aortic valve appear normal, though there trace aortic insufficiency is present. Right atrial and right ventricular dimensions are normal. The tricuspid valve is normal. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

PATIENT

Chella Greer

LA - 21.5 mm
LVIDd - 21.3 mm
LVIDs - 9.4 mm
FS - 55.9%
LVOT - 1.67 m/s
RVOT - 1.32 m/s

SPECIES

Canine

BREED

Chihuahua

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral valve disease

This examination demonstrates regurgitation of blood across Chella's mitral valve resulting from degenerative valve disease. Secondary to her regurgitation, Chella has mild dilation of both her left atrium and left ventricle, though her left ventricular systolic function is well-preserved. As only mild left heart chamber dilation is present, it would be a bit surprising if Chella experienced an episode of congestive heart failure, however, I would certainly believe it if her respiratory rate/effort has improved with cardiac therapy.

SEX

FS

AGE

7 y

Continued use of pimobendan (1.25 mg am, 0.625 mg pm) is warranted based on this exam. As for furosemide (lowest effective dose) and enalapril (1.25 mg BID), continued use would be indicated if therapy has improved Chella's clinical signs/radiographs.

A recheck renal/electrolyte profile is recommended in 1-2 weeks if furosemide and enalapril are continued. A recheck echocardiogram is recommended in 9 months. Repeat radiographs are recommended if clinical signs compatible with congestive heart failure recur.

WEIGHT

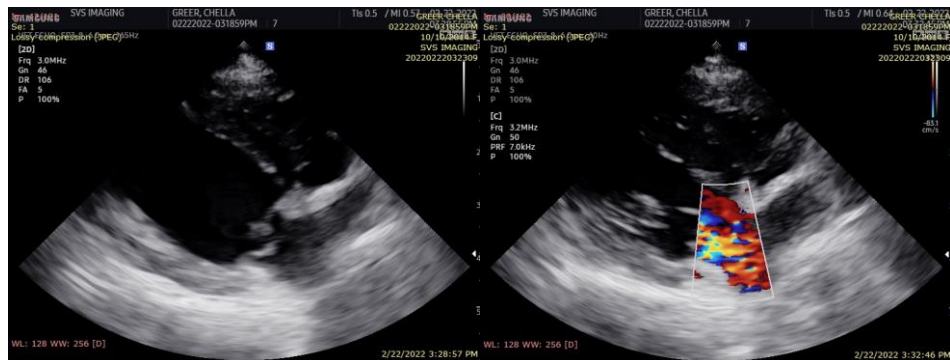
3.27 kg

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Khatter





DATE

2/23/22

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.

PERFORMED BY:

Tom McNeill

Keith Blass, DVM, MS, DACVIM (Cardiology)

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