



PRESENTING CLINICAL SIGNS

History: Grade 4-5/6 left-sided murmur. Radiographs show no cardiomegaly. Receiving pimobendan and enalapril.

DATE

2/24/23

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Kim Liedberg

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

There is mild left atrial dilation. The mitral valve leaflets are thickened and exhibit systolic prolapse. A mild to moderate jet of eccentric mitral regurgitation is present. There is mild left ventricular dilation. Left ventricular systolic function is hyperdynamic. The aorta and aortic valve 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. TR velocity does not suggest the presence of pulmonary hypertension. The pulmonary artery and pulmonary are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

PATIENT

Lilly Spencer

LA - 29.8 mm
LVIDd - 29.1 mm
LVIDs - 15.3 mm
FS - 47.4%
RA - 14.9 mm
LVOT - 1.44 m/s
RVOT - 0.74 m/s
TR - 2.32 m/s

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease

BREED

CKCS

SEX

FS

This examination demonstrates regurgitation of blood across Lilly's mitral and tricuspid valves resulting from degenerative valve disease. Lilly's tricuspid valve disease is mild, and appears to be well-compensated at this time. Her mitral valve disease is a bit more advanced, as Lilly has mild to moderate mitral regurgitation present, with mild secondary 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, Lilly's current risk for the development of clinical signs secondary to her mitral valve disease, such as coughing, exercise intolerance, syncope, and labored breathing, appears to be relatively low, though careful monitoring of these signs is recommended going forward.

AGE

11 y

No change in therapy is recommended based on this exam.

A recheck echocardiogram is recommended in 9 months. Thoracic radiographs are recommended if Lilly experiences respiratory clinical signs.

WEIGHT

17.5 lb

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Banceu



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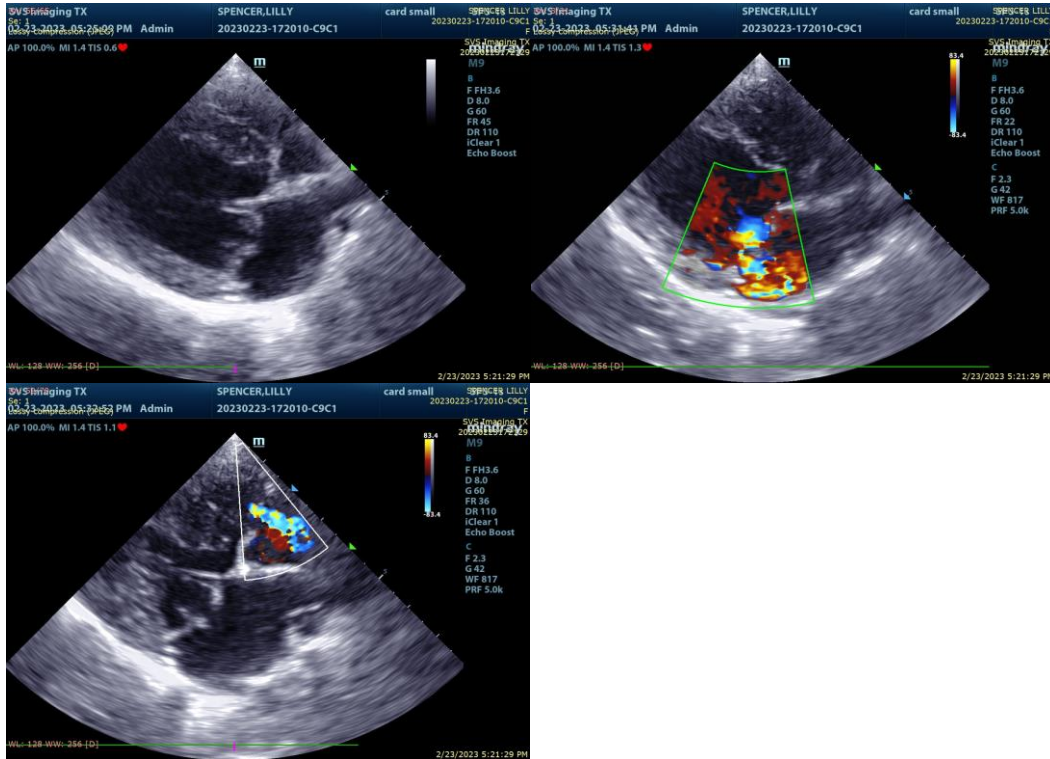
17.5 lb

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REFERRING VET

Dr. Banceu



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.

Keith Blass, DVM, MS, DACVIM (Cardiology)

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