



PRESENTING CLINICAL SIGNS

History: Basilar continuous murmur heart bilaterally.

DATE

2/4/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Kim Liedberg

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

PATIENT

Dancer Puppy Vedral

Left atrial size is normal. The mitral valve is normal. Left ventricular wall thickness is normal. There is mild 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 valve appear normal, though trace pulmonic insufficiency is present. There appears to be continuous flow in the distal portion of the main pulmonary artery. No pericardial effusion or cardiac masses are seen.

LA - 15.4 mm
IVSd - 4.0 mm
LVPWd - 3.9 mm
LVIDd - 18.2 mm
LVIDs - 12.3 mm
FS - 32.4%
LVOT - 0.85 m/s
RVOT - 0.67 m/s

ASSESSMENT/RECOMMENDATIONS

SPECIES

Canine

BREED

Coton du Tulear

This examination demonstrates continuous flow in the distal portion of Dancer's main pulmonary artery. While the origin of the flow cannot be visualized, this location, combined with the presence of a continuous murmur at the heart base, is highly suggestive of the presence of a left-to-right shunting patent ductus arteriosus (PDA). The hemodynamic effects of Dancer's suspected PDA appear to be relatively mild at present, as he has only mild secondary dilation of his left ventricle and no dilation of his left atrium. Having said that, Dancer is at risk for the development of progressive left-sided cardiac volume overload, and ~67% of dogs with PDAs will die within one year of diagnosis if their ductus is left patent.

SEX

MI

Referral to a cardiologist that performs interventional PDA closure is recommended to confirm the diagnosis and to determine whether interventional closure would be feasible (it's possible that Dancer might be too small for the procedure and open surgical ligation would be recommended).

AGE

10 wk

If a PDA is confirmed and closure/ligation is to be performed soon, no medical therapy would be warranted at this time, though medical therapy could potentially be indicated if closure is delayed and progressive left-sided volume overload develops.

If referral is not possible, a recheck echocardiogram is recommended in ~6 months, sooner if new clinical signs compatible with cardiac dysfunction develop.

WEIGHT

4.64 lb

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Koya



DATE

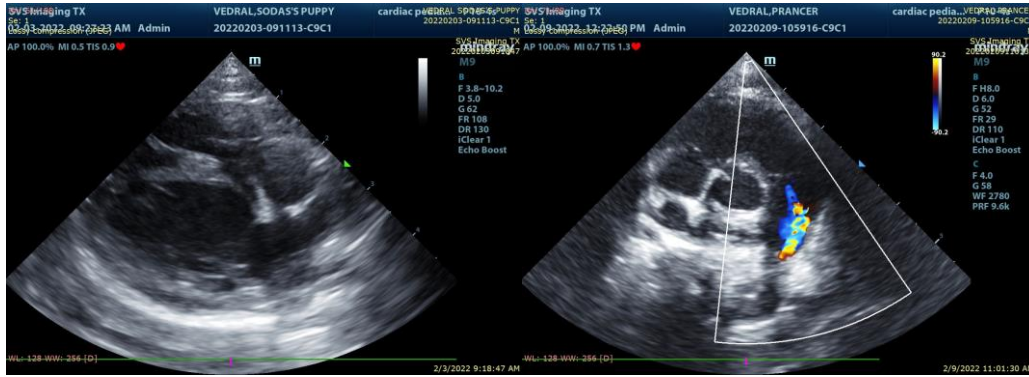
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

PATIENT

Dancer Puppy Vedral

Keith Blass, DVM, MS, DACVIM (Cardiology)
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631-804-5754

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