


**PRESENTING CLINICAL SIGNS**
**DATE**

2/8/23

History: Follow-up to exam on 1/25/23, which showed moderate MR and LAE, mild TR, moderate PH, very mild pericardial effusion, and a possible right atrial mass. Receiving pimobendan 1.25 mg am, 0.625 mg pm and sildenafil 5 mg BID. Was previously experiencing collapsing episodes. Collapsing episodes have resolved but has an intermittently increased respiratory rate/effort.

**ECHOCARDIOGRAPHIC FINDINGS**
**PERFORMED BY:**

2D, M-mode, and Doppler study. This study is compared to the one performed 1/25/23.

Dr. Brian Barnes

**INTERPRETED BY**

 Keith Blass, DVM,  
 MS, DACVIM  
 (Cardiology)

There is 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 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 is consistent with the presence of moderate pulmonary hypertension (PG 76 mmHg / prev. PG 62 mmHg). The pulmonary artery and pulmonic valve appear normal, though trace pulmonic insufficiency is present. Trivial pericardial effusion is present. No cardiac masses are seen.

**PATIENT**

Star Redman

ECG during echo: Sinus rhythm

**SPECIES**

Canine

LA – 27.4 mm (prev. 27.5 mm)  
 LVIDd – 25.6 mm (prev. 25.1 mm)  
 LVIDs – 11.3 mm (prev. 10.1 mm)  
 FS – 55.7% (prev. 59.8%)  
 RA – 13.1 mm (prev. 13.1 mm)  
 LVOT – 1.61 m/s (prev. 1.09 m/s)  
 RVOT – 0.58 m/s (prev. 1.00 m/s)  
 TR – 4.35 m/s (prev. 3.94 m/s)

**BREED**

Chihuahua

**ASSESSMENT/RECOMMENDATIONS**

Degenerative mitral and tricuspid valve disease  
 Pulmonary hypertension

**SEX**

FS

This examination demonstrates almost complete resolution of Star's pericardial effusion, therefore, cardiac tamponade does not appear to be the cause of her intermittently increased respiratory rate/effort. Star's pulmonary hypertension has progressed some, therefore, it's possible that the pulmonary hypertension could be contributing to Star's intermittent respiratory signs, though consideration should also be given to her mitral valve disease as a possible cause.

**AGE**

13 y

No evidence of cardiac neoplasia is seen in today's exam.

Repeat thoracic radiographs can be considered to further evaluate Star's intermittently increased respiratory rate/effort.

**WEIGHT**

2.4 kg

I recommend increasing Star's sildenafil dose to (5 mg TID), secondary to her pulmonary hypertension. Should her respiratory signs persist and/or radiographs show the presence of cardiogenic pulmonary hypertension, a trial with furosemide (5 mg BID) would be warranted.

**HOSPITAL NAME**

Westview VH

A recheck echocardiogram is recommended in 6 months.

**REFERRING VET**

Dr. Barnes



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PATIENT

Star Redman

SPECIES

Canine

BREED

Chihuahua

SEX

FS

AGE

13 y

WEIGHT

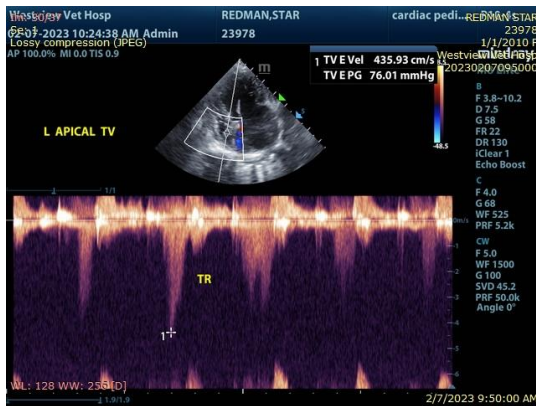
2.4 kg

HOSPITAL NAME

Westview VH

REFERRING VET

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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.

Keith Blass, DVM, MS, DACVIM (Cardiology)

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