


PRESENTING CLINICAL SIGNS

History: Diagnosed with CHF at ER last weekend. Responded rapidly to treatment with furosemide and pimobendan. Was eupneic with clear lungs at recheck earlier this week. History of polyclonal gammopathy.

DATE

3/15/23

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Tom McNeill

There is moderate left atrial dilation. The mitral valve leaflets are thickened, and there is Doppler evidence of mitral regurgitation present. There is moderate left ventricular dilation. Left ventricular systolic function is hyperdynamic. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve leaflets are mildly thickened, and there is Doppler evidence of tricuspid regurgitation present. TR velocity does not suggest the presence of pulmonary hypertension. The pulmonary artery and pulmonary are normal. No pericardial effusion or cardiac masses are seen.

INTERPRETED BY

 Keith Blass, DVM,
 MS, DACVIM
 (Cardiology)

LA - 41.8 mm
 RA - 23.1 mm
 LVIDd - 41.5 mm
 LVIDs - 20.5 mm
 FS - 50.6%
 LVOT - 1.57 m/s
 RVOT - 0.74 m/s
 TR - 2.50 m/s

PATIENT

Vincent Petrusevicius

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease

BREED

Dachshund

This examination demonstrates regurgitation of blood across Vincent's mitral and tricuspid valves resulting from degenerative valve disease. Vincent's tricuspid valve disease is mild, and appears to be well-compensated at this time. His mitral valve disease is more advanced, as Vincent has moderate secondary dilation of both his left atrium and left ventricle. Given this, it comes as no surprise that Vincent recently experienced an episode of left-sided congestive heart failure (CHF). In addition to recurrent CHF, Vincent is at risk for the development of a cough, exercise intolerance, and syncope, therefore, careful monitoring for these signs is recommended.

SEX

MN

Vincent's current therapy with furosemide (25 mg BID) and pimobendan (3.75 mg am, 2.5 mg pm) is appropriate, as is therapy with enalapril (5 mg BID) and spironolactone (12.5 mg BID).

AGE

10 y

A renal/electrolyte profile is recommended in 1-2 weeks. A recheck echocardiogram is recommended in 6-9 months. Repeat thoracic radiographs are recommended any time clinical signs suggestive of CHF develop.

WEIGHT

26 lb

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. White



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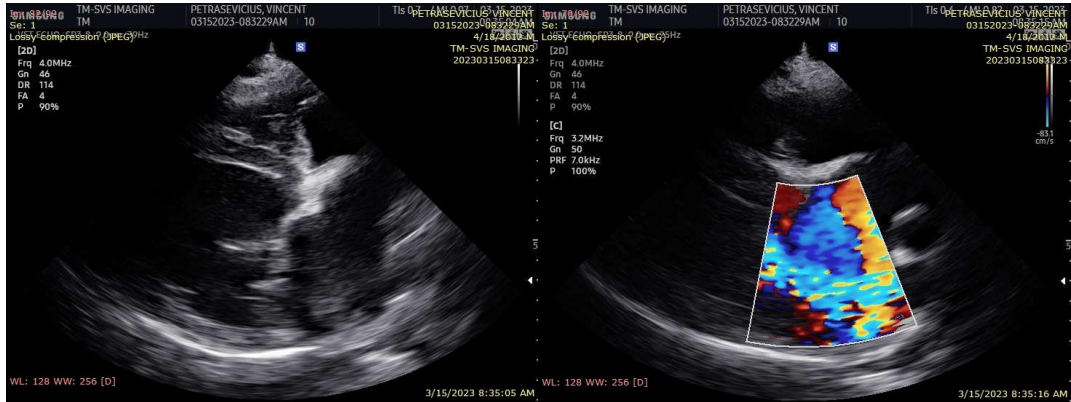
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
KeithBlass@gmail.com
631-804-5754