


PRESENTING CLINICAL SIGNS
DATE

3/9/23

History: Diagnosed with right-sided CHF in August 2022. Started on furosemide 10 mg BID, pimobendan 1.25 mg BID, and Cardalis 10 mg SID. Has required repeat abdominocentesis every 2 weeks for the past few months. Switched to TID furosemide, then recently discontinued and started on torsemide 1.25 mg SID.

ECHOCARDIOGRAPHIC FINDINGS
PERFORMED BY:

2D, M-mode, and Doppler study.

Jenna Walsh, CVT

INTERPRETED BY

 Keith Blass, DVM,
 MS, DACVIM
 (Cardiology)

There is severe left atrial dilation. The mitral valve leaflets are thickened and exhibit systolic prolapse. A severe 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 subjectively appear normal. There is mild right atrial dilation. Right ventricular dimensions are normal. The tricuspid valve leaflets are mildly thickened, and a mild to moderate jet of tricuspid regurgitation is present. TR velocity is consistent with the presence of moderate pulmonary hypertension (PG 61 mmHg). The pulmonary artery and pulmonic valve appear normal, though trace pulmonic insufficiency is present. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen. Very mild peritoneal effusion is present.

PATIENT

Gidgy Hernandez

 LA - 33.7 mm
 LVIDd - 25.0 mm
 LVIDs - 10.3 mm
 FS - 58.8%

SPECIES

Canine

 RA - 22.9 mm
 LVOT - 1.26 m/s
 RVOT - 0.65 m/s
 TR - 3.91 m/s

BREED

Chihuahua

ASSESSMENT/RECOMMENDATIONS

 Degenerative mitral and tricuspid valve disease
 Pulmonary hypertension

SEX

FS

AGE

12 y

This examination demonstrates regurgitation of blood across Gidgy's mitral and tricuspid valves resulting from degenerative valve disease. Gidgy has severe mitral regurgitation present, with severe secondary dilation of her left atrium and mild to moderate dilation of her left ventricle, as well as moderate secondary pulmonary hypertension. Given this, Gidgy is at high risk for the development of exercise intolerance, syncope, and left-sided congestive heart failure, therefore, careful monitoring for these is recommended. Gidgy's tricuspid valve disease is milder, as she has only mild dilation of her right atrium, with no dilation of her right ventricle. While her disease is relatively mild, Gidgy's pulmonary hypertension is very likely contributing to her recurrent development of right-sided congestive heart failure.

WEIGHT

7 lb

Recommended initial therapy for Gidgy's pulmonary hypertension is sildenafil (5 mg TID). Should Gidgy continue to develop peritoneal effusion, the addition of hydrochlorothiazide (initial dose 6.25 mg SID, can titrate dose upward if needed if renal function remains adequate) may be warranted. Consideration can also be given to therapy with Entresto (1/2 of a 24/26 mg tab SID), though this medication is very expensive.

HOSPITAL NAME

Liberty AH

A renal/electrolyte profile is recommended 1-2 weeks after any change in diuretic therapy. A recheck echocardiogram is recommended in 6 months. Thoracic radiographs are recommended if clinical signs compatible with left-sided CHF develop.

REFERRING VET

Dr. Paoletti



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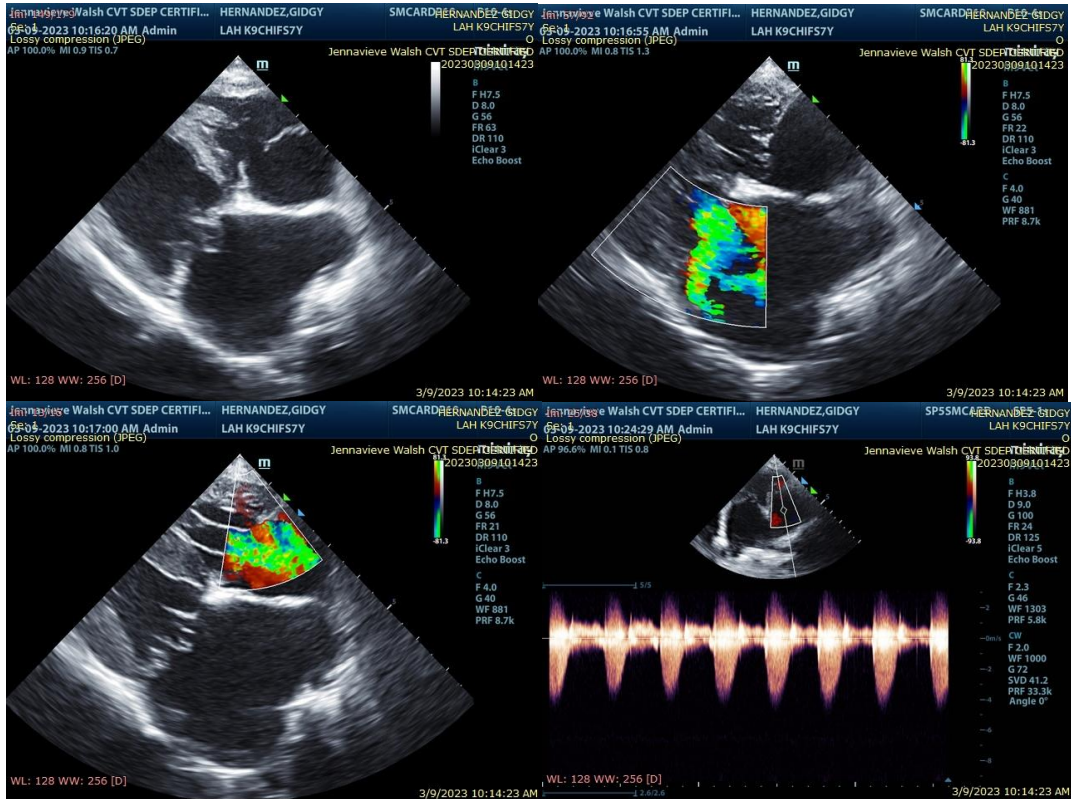
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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