


RESENTING CLINICAL SIGNS
DATE

History: Started coughing last week. Radiographs showed cardiomegaly. Started on furosemide 12.5 mg BID, enalapril 5 mg SID, and hydrocodone 2.5 mg TID, which has resulted in improvement. ECG WNL.

4/10/23

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Jessica Miller

There is moderate left atrial dilation. The mitral valve leaflets are thickened and exhibit mild systolic prolapse. There is Doppler evidence of mitral regurgitation present. There is moderate left ventricular dilation. Left ventricular systolic function is mildly hyperdynamic. The aorta and aortic valve appear normal, though mild aortic insufficiency is present. 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 is consistent with the presence of very mild pulmonary hypertension (PG 32 mmHg). The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

INTERPRETED BY

 Keith Blass, DVM,
 MS, DACVIM
 (Cardiology)

PATIENT

Daisy Paluzzi

 LA - 36.2 mm
 LVIDd - 36.2 mm
 LVIDs - 20.1 mm
 FS - 44.5%
 RA - 17.0 mm
 LVOT - 1.41 m/s
 RVOT - 1.47 m/s
 TR - 2.83 m/s

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS

 Degenerative mitral and tricuspid valve disease
 Pulmonary hypertension

BREED

Schnoodle

This examination demonstrates regurgitation of blood across Daisy's mitral and tricuspid valves resulting from degenerative valve disease. Daisy's tricuspid valve disease is mild, and appears to be well-compensated at this time. Her mitral valve disease is more advanced, as Daisy has moderate dilation of both her left atrium and left ventricle, as well as very mild secondary pulmonary hypertension. Given the presence of moderate left atrial dilation, it's likely that mainstem bronchial compression is contributing to Daisy's cough. While I don't appreciate evidence of congestive heart failure in Daisy's radiographs, she is at risk for its development, therefore, careful monitoring of her respiratory rate/effort is recommended, as is monitoring for the development of exercise intolerance and syncope.

SEX

FS

AGE

6 y

Daisy's current therapy with furosemide and enalapril is appropriate based on this exam, though I recommend increasing her enalapril dose to 5 mg BID. I also recommend starting Daisy on pimobendan (2.5 mg BID). As for hydrocodone, this medication may be given as needed if Daisy's cough persists.

WEIGHT

21.6 lb

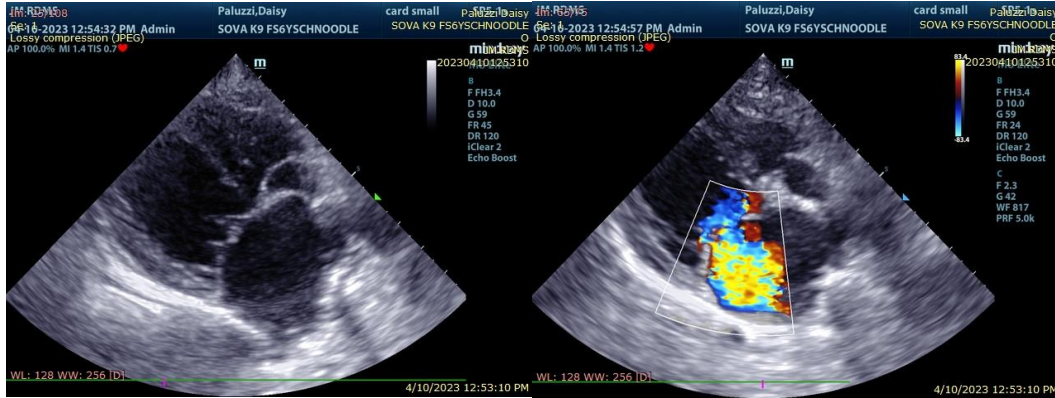
A renal/electrolyte profile is recommended in 1 week. A recheck echocardiogram is recommended in ~6 months. Repeat thoracic radiographs are recommended if Daisy experiences labored breathing.

HOSPITAL NAME

Sova AH

REFERRING VET

Dr. Sova



DATE

4/10/23

PERFORMED BY:

Jessica Miller

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

PATIENT

Daisy Paluzzi

SPECIES

Canine

Keith Blass, DVM, MS, DACVIM (Cardiology)
KeithBlass@gmail.com
631-804-5754

BREED

Schnoodle

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AGE

6 y

WEIGHT

21.6 lb

HOSPITAL NAME

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REFERRING VET

Dr. Sova

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.