


**PRESENTING CLINICAL SIGNS**

**DATE** History: Grade 3/6 murmur. Arrhythmia. Receiving grain-based diet.

**ECHOCARDIOGRAPHIC FINDINGS**

2D, M-mode, and Doppler study.

**PERFORMED BY:**

Kelly Vazquez

**INTERPRETED BY**

Keith Blass, DVM,  
MS, DACVIM  
(Cardiology)

There is severe left atrial dilation. The mitral valve appears normal, though a centrally-directed jet of mitral regurgitation is present. There is moderate left ventricular dilation. Left ventricular systolic function is mildly to moderately depressed. The aorta and aortic valve appear normal, though trace aortic insufficiency is present. Right atrial and right ventricular dimensions are normal. The tricuspid valve appears normal, though mild tricuspid regurgitation is present. The pulmonary artery and pulmonic valve are normal. No pericardial effusion or cardiac masses are seen. Very mild pleural effusion is present. Very mild peritoneal effusion is present.

LA - 66.4 mm  
LVIDd - 57.8 mm  
LVIDs - 45.9 mm  
FS - 20.6%  
RA - 37.4 mm  
LVOT - 1.10 m/s  
RVOT - 0.80 m/s

**PATIENT**

Kingston  
Charlesworth

**ASSESSMENT/RECOMMENDATIONS**
**SPECIES**

Dilated cardiomyopathy (DCM)  
Arrhythmia - open

**Canine**
**BREED**

Weimaraner

This examination demonstrates mild to moderate depression of Kingston's left ventricular systolic function, consistent with DCM. Secondary to his myocardial dysfunction, Kingston has severe dilation of his left atrium and moderate dilation of his left ventricle. Given this, Kingston is at high risk for the development of left-sided congestive heart failure, as well as clinical signs, such as exercise intolerance and syncope. While Kingston does not have dilation of either of his right heart chambers, it's not uncommon for dogs with DCM to develop right-sided congestive heart failure, especially in the presence of certain arrhythmias, such as atrial fibrillation, therefore, it's likely that the very mild pleural and peritoneal effusions seen in this exam are cardiogenic in origin.

**SEX**
**MN**

An ECG is recommended to further evaluate Kingston's arrhythmia.

**AGE**

13 y

Recommended therapy based on this exam includes furosemide (75 mg BID), enalapril (15 mg BID), pimobendan (10 mg BID) and spironolactone (37.5 mg BID). Additional therapy may potentially be indicated based on the results of the recommended ECG.

**WEIGHT**

77 lb

A renal/electrolyte profile is recommended in 1-2 weeks. A recheck echocardiogram is recommended in 6 months. Thoracic/abdominal radiographs are recommended any time clinical signs compatible with congestive heart failure develop.

**HOSPITAL NAME**

Ho-Ho-Kus VH

**REFERRING VET**

Dr. Eisenberg



DATE

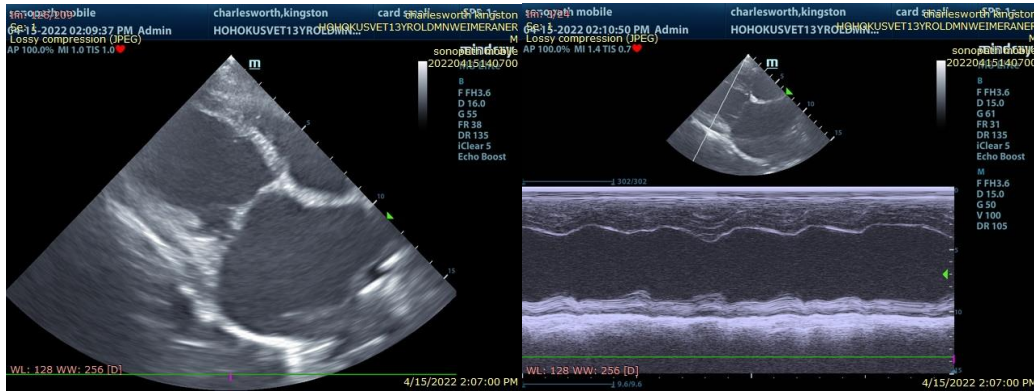
4/15/22

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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.

PATIENT

Kingston  
Charlesworth

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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631-804-5754

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