



PRESENTING CLINICAL SIGNS

DATE

4/3/23

History: Diagnosed with degenerative valve disease on 9/1/22, and was started on pimobendan (5 mg BID). Recently experienced an acute episode of CHF after eating a very salty snack. Brief echo showed LAE/LVE, possible chordal rupture, and mild PH. Started on furosemide 40 mg BID, Fortekor 5 mg SID, spironolactone 25 mg BID, and sildenafil 10 mg BID, and has now stabilized.

ECHOCARDIOGRAPHIC FINDINGS

PERFORMED BY:

Dr. Brian Barnes

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

2D, M-mode, and Doppler study. This exam is compared to the one performed 9/1/22.

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 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 a mild jet of tricuspid regurgitation is present. TR velocity is borderline for the presence of very mild pulmonary hypertension. The pulmonary artery and pulmonic valve appear normal, though trivial pulmonic insufficiency is present. No shunting lesions are visualized. No heartworms are visualized. No pericardial effusion or cardiac masses are seen.

PATIENT

Harley Boulton

SPECIES

Canine

BREED

Beagle

SEX

MN

AGE

10 y

WEIGHT

14.6 kg

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Barnes

ECG during echo: Sinus rhythm

LA - 46.5 mm (prev. 42.1 mm)
 LVIDd - 45.9 mm (prev. 41.7 mm)
 LVIDs - 22.5 mm (prev. 26.4 mm)
 FS - 51% (prev. 36.8%)
 RA - 24.9 mm (prev. 30.0 mm)
 LVOT - 1.88 m/s (prev. 1.69 m/s)
 RVOT - 1.06 m/s (prev. 0.90 m/s)
 TR - 2.80 m/s (prev. 2.65 m/s)

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease

This examination demonstrates mild progression of Harley's mitral valve disease over the past 7 months, and he now has moderate dilation of both his left atrium and left ventricle. Given the presence of moderate left heart chamber dilation, it comes as no surprise that he recently experienced an episode of left-sided congestive heart failure.

Harley's tricuspid valve disease is still mild and well-compensated, and his TR velocity is only borderline for the presence of very mild pulmonary hypertension.

Harley's current therapy with furosemide, Fortekor, pimobendan, and spironolactone is appropriate based on this exam and Harley's reported radiographic findings, and I recommend using the lowest effective furosemide dose to control his CHF. As for sildenafil, it's unclear whether continued use of this medication is necessary at this time, as Harley's pulmonary hypertension was only mild prior to starting it.

Recheck radiographs and a renal/electrolyte profile are recommended if they have not been performed since Harley experienced the episode of CHF. A recheck echocardiogram is recommended in 6 months.



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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.

PATIENT

Harley Boulton

Keith Blass, DVM, MS, DACVIM (Cardiology)
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631-804-5754

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