



RESENTING CLINICAL SIGNS

History: Recheck tricuspid valve dysplasia. Doing well. Small in size for breed but energy ok. Receiving pimobendane.

DATE

4/7/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Left atrial size is normal. The mitral valve appears normal, though trace mitral regurgitation is present. Left ventricular dimensions are normal, as is left ventricular systolic function. The aorta and aortic valve appear normal, though trace aortic insufficiency is present. There is mild right atrial and right ventricular dilation. The tricuspid valve leaflets are mildly thickened, and a mild to moderate jet of tricuspid regurgitation is present. The pulmonary artery and pulmonic valve are normal. Trace pulmonic insufficiency is present. No obvious shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

Dr. Brian Barnes

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

ECG during echo: Sinus arrhythmia

PATIENT

LA - 31.2 mm (prev. 28.1 mm)
LVIDd - 33.7 mm (prev. 32.6 mm)
LVIDs - 23.3 mm (prev. 22.7 mm)
FS - 30.9% (prev. 30.3%)
RA - 30.2 mm (Prev. 30.0 mm)
RVIDd - 29.0 mm (prev. 28.3 mm)
LVOT - 1.31 m/s (prev. 1.47 m/s)
RVOT - 1.42 m/s (prev. 1.70 m/s)
TR - 2.66 m/s (prev. 2.70 m/s)

Mulli Wolyneic

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS

BREED

Tricuspid valve dysplasia (TVD)

Standard Poodle

This examination demonstrates no progression of Mulli's tricuspid valve disease over the past 6 months. As such, Mulli's current risk for the development of right-sided congestive heart failure has not increased, though careful monitoring for the development of clinical signs of cardiac dysfunction is still recommended.

SEX

No change in therapy is recommended at this time.

F

A recheck echocardiogram is recommended in 6-9 months, sooner if new clinical signs compatible with cardiac dysfunction (ex. abdominal distension, collapse, peripheral edema) develop.

AGE

17 mo

WEIGHT

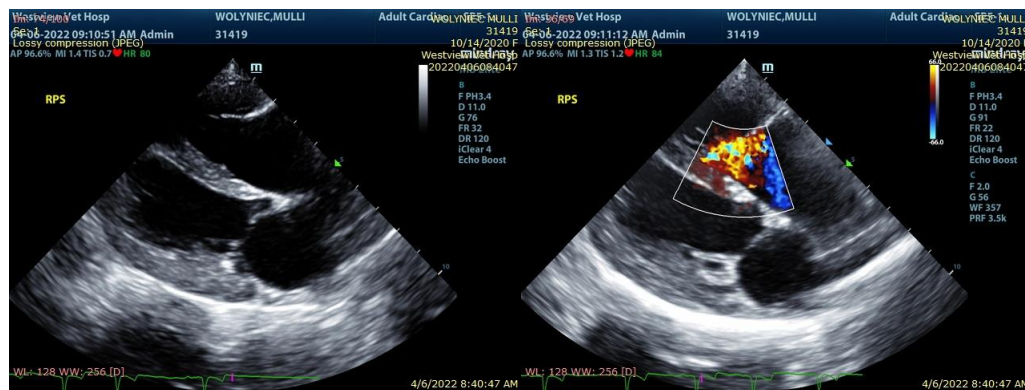
21.2 kg

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Barnes





DATE 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.
4/7/22

PERFORMED BY: 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.

Dr. Brian Barnes

INTERPRETED BY Keith Blass, DVM, MS, DACVIM (Cardiology)
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MS, DACVIM
(Cardiology)

PATIENT

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