


RESENTING CLINICAL SIGNS

History: Grade IV/VI systolic murmur.

DATE

5/2/23

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Kelly Vazquez

INTERPRETED BY

 Keith Blass, DVM,
 MS, DACVIM
 (Cardiology)

There is mild to moderate left atrial dilation. The mitral valve leaflets are thickened and exhibit systolic prolapse. A moderate jet of mitral regurgitation is present. There is mild to 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. 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.

 LA - 33.6 mm
 LVIDd - 32.4 mm
 LVIDs - 17.00 mm
 FS - 47.5%
 RA - 19.5 mm
 LVOT - 1.75 m/s
 RVOT - 1.17 m/s

PATIENT

Bell Feher

SPECIES

Canine

BREED

Bichon Frise

SEX

FS

AGE

12 y

WEIGHT

15.8 lb

HOSPITAL NAME

North Jersey AH

REFERRING VET

Dr. Reidel

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease

This examination demonstrates regurgitation of blood across Bell's mitral and tricuspid valves resulting from degenerative valve disease. Bell's tricuspid valve disease is mild, and appears to be well-compensated at this time. Her mitral valve disease is more advanced, as Bell has moderate mitral regurgitation present, with mild to moderate secondary dilation of both her left atrium and left ventricle, though her left ventricular systolic function is well-preserved. Bell's mitral valve disease is still compensated, however, she is at risk for the development of clinical signs secondary to it, such as coughing, exercise intolerance, syncope, and labored breathing, therefore, careful monitoring for these signs is recommended going forward.

I recommend starting Bell on pimobendan (2.5 mg am, 1.25 mg pm), as this medication should help to slow the progression of her mitral valve disease.

A recheck echocardiogram is recommended in ~9 months. Thoracic radiographs are recommended if Bell experiences respiratory clinical signs.

