
PRESENTING CLINICAL SIGNS

History: Chronic cough. Has been treated with furosemide 2.11 m/kg BID (prev. 1 mg/kg BID) and enalapril 0.2 mg/kg BID since 5/3/23.

DATE

5/5/23

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Sands Hill MVU

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

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. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus arrhythmia

PATIENT

Edith Linton

LA - 32.5 mm
LVIDd - 33.0 mm
LVIDs - 16.7 mm
FS - 49%
RA - 14.6 mm
LVOT - 1.30 m/s
RVOT - 1.54 m/s

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease

BREED

Cockapoo

This examination demonstrates regurgitation of blood across Edith's mitral and tricuspid valves resulting from degenerative valve disease. Edith's tricuspid valve disease is mild, and appears to be well-compensated at this time. Her mitral valve disease is more advanced, as Edith has moderate mitral regurgitation present, with moderate secondary dilation of both her left atrium and left ventricle, though her left ventricular systolic function is well-preserved. Given the presence of moderate left atrial dilation, it's likely that mainstem bronchial compression is contributing to Edith's cough, and this does appear to be present in her radiographs, though a contribution from dynamic tracheal collapse and/or inflammatory airway disease cannot be ruled out, especially considering that the cough has persisted despite therapy with furosemide. Edith's radiographs show that she is not in congestive heart failure, however, 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

10 y

Edith's current therapy with furosemide is appropriate, though it's unclear whether the higher dose she just started will significantly improve her cough. Her therapy with enalapril is also warranted, though I recommend increasing her dose to 2.5 mg BID. I also recommend starting Edith on pimobendan (1.25 mg BID), as this medication should help to slow the progression of her mitral valve disease. Should Edith's cough persist, therapy with a cough suppressant, such as hydrocodone, would be warranted.

WEIGHT

13 lb

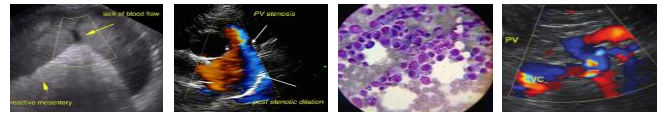
HOSPITAL NAME

Sands Hill MVU

A renal/electrolyte profile is recommended in 1-2 weeks. A recheck echocardiogram is recommended in 6-9 months. Repeat thoracic radiographs are recommended if Edith experiences labored breathing.

REFERRING VET

Dr. Pinkall



DATE

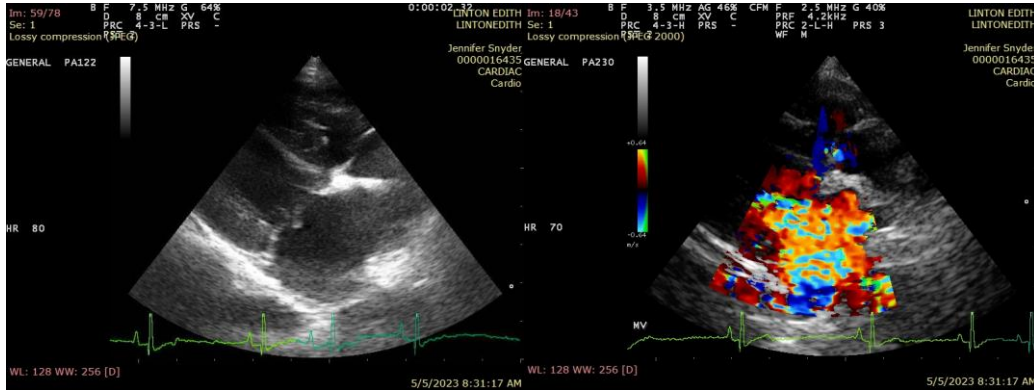
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

PATIENT

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.

Edith Linton

Keith Blass, DVM, MS, DACVIM (Cardiology)

KeithBlass@gmail.com

SPECIES

631-804-5754

Canine

BREED

Cockapoo

SEX

FS

AGE

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WEIGHT

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HOSPITAL NAME

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Dr. Pinkall