


PRESENTING CLINICAL SIGNS

 History: Previously diagnosed with stage B2 degenerative valve disease and mild to moderate PH.
 Receiving pimobendan 2.5 mg BID.

DATE

5/9/23

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Val Shumskaya

INTERPRETED BY

 Keith Blass, DVM,
 MS, DACVIM
 (Cardiology)

There is mild left atrial dilation. The mitral valve leaflets are thickened and exhibit systolic prolapse. A moderate jet of eccentric mitral regurgitation is present. There is mild left ventricular dilation. Left ventricular systolic function is hyperdynamic. The aorta and aortic valve appear normal, though there is very mildly increased flow velocity in the ascending aorta. 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 consistent with the presence of mild pulmonary hypertension (PG 39 mmHg). The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

PATIENT

Henry Locke

 LA - 31.6 mm
 LVIDd - 31.3 mm
 LVIDs - 16.8 mm
 FS - 46%
 RA - 19.0 mm
 LVOT - 1.20 m/s
 RVOT - 0.67 m/s
 TR - 3.12 m/s

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS

 Degenerative mitral and tricuspid valve disease
 Pulmonary hypertension

BREED

Poodle Mix

This examination demonstrates regurgitation of blood across Henry's mitral and tricuspid valves resulting from his previously diagnosed degenerative valve disease. Henry's tricuspid valve disease is mild, as evidenced by his absence of secondary right heart chamber dilation. His mitral valve disease is a bit more advanced, as Henry has moderate mitral regurgitation present, with mild secondary dilation of both his left atrium and left ventricle, though his left ventricular systolic function is well-preserved. As only mild left heart chamber dilation is present, Henry's current risk for the development of clinical signs secondary to his mitral valve disease, such as coughing, exercise intolerance, syncope, and labored breathing, appears to be relatively low, though careful monitoring for these signs is recommended.

SEX

MN

AGE

10 y

Henry's pulmonary hypertension is mild in today's exam.

No change in therapy is recommended based on this exam.

WEIGHT

16 lb

A recheck echocardiogram is recommended in 6-9 months, sooner if Henry experiences syncope. Thoracic radiographs are recommended if Henry experiences respiratory clinical signs.

HOSPITAL NAME

Hillsdale AH

REFERRING VET

Dr. Fischer



DATE

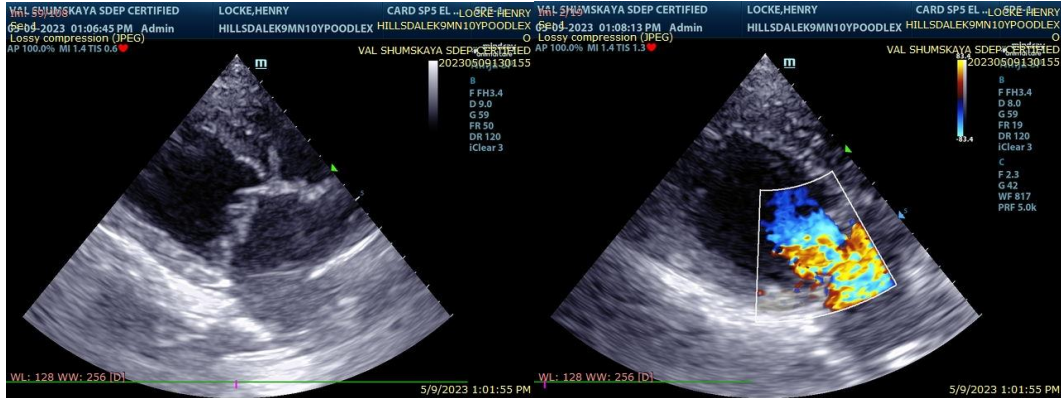
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Henry Locke

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

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