



RESENTING CLINICAL SIGNS

History: Presented for coughing and possible syncopal episodes. Grade 4/6 murmur. AV block. Radiographs show moderate to severe enlargement of cardiac silhouette. Currently receiving furosemide 12.5 mg BID (dose was halved but cough and fainting returned).

DATE

6/13/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Kelly Vazquez

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

There is moderate left atrial dilation. The mitral valve leaflets are thickened and exhibit mild systolic prolapse. A moderate jet of eccentric mitral regurgitation is present. There is mild to moderate left ventricular dilation. Left ventricular systolic function is mildly 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 consistent with the presence of mild pulmonary hypertension (PG 41.7 mmHg). The pulmonary artery and pulmonic valve appear normal. No pericardial effusion or cardiac masses are seen.

A short pause in the heart rhythm is seen intermittently.

PATIENT

Suri Prinsloo

LA - 35.7 mm
LVIDd - 33.9 mm
LVIDs - 19.1 mm
FS - 43.7%

SPECIES

Canine

RA - 21.5 mm
LVOT - 1.25 m/s
RVOT - 0.76 m/s
TR - 3.23 m/s

BREED

Min. Schnauzer

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease
Pulmonary hypertension

SEX

FS

AGE

12 y

This examination demonstrates regurgitation of blood across Suri's mitral and tricuspid valves resulting from degenerative valve disease. Suri's tricuspid valve disease is mild, and appears to be well-compensated at this time. Her mitral valve disease is more advanced, as Suri has moderate mitral regurgitation present, with moderate secondary dilation of her left atrium and mild to moderate dilation of her left ventricle, though her left ventricular systolic function is well-preserved. Given the presence of moderate left atrial dilation, it's possible that mainstem bronchial compression could be contributing to Suri's cough, and it's also possible that her mitral valve disease could be contributing to her syncopal episodes, though her AV block and vasovagal syncope should also be considered as possible causes. Suri is also at risk for the development of cardiogenic pulmonary edema, therefore, careful monitoring of her respiratory rate/effort is recommended.

WEIGHT

19.7 lb

Suri's tricuspid regurgitation velocity is consistent with the presence of mild pulmonary hypertension. Mild pulmonary hypertension is typically well-tolerated in dogs, therefore, it's unlikely to be contributing to Suri's syncopal episodes, however, this cannot be definitively stated.

HOSPITAL NAME

An ECG and/or Holter/event monitor is recommended.

Englewood Cliffs VH

I recommend adding pimobendan (2.5 mg BID) and enalapril (3.75 mg BID) to Suri's current therapy with furosemide, as these medications should help to slow the progression of her valvular diseases, as well as improve any cardiogenic component of her cough and reduce her risk for syncope secondary to her mitral regurgitation. No therapy is recommended for Suri's pulmonary

REFERRING VET

Dr. Attanasi



hypertension at this time, though a trial with sildenafil may be considered if she continues to experience syncopal episodes.

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A recheck echocardiogram is recommended in ~6 months. Thoracic radiographs are recommended if clinical signs compatible with congestive heart failure develop.

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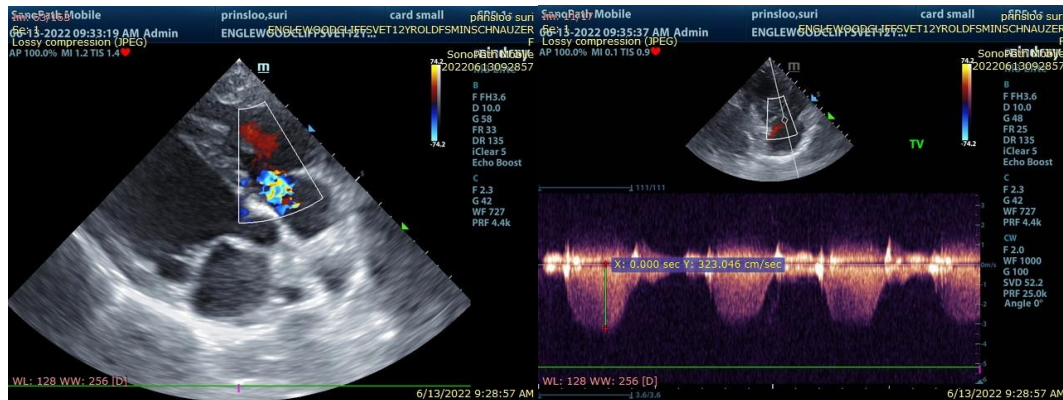
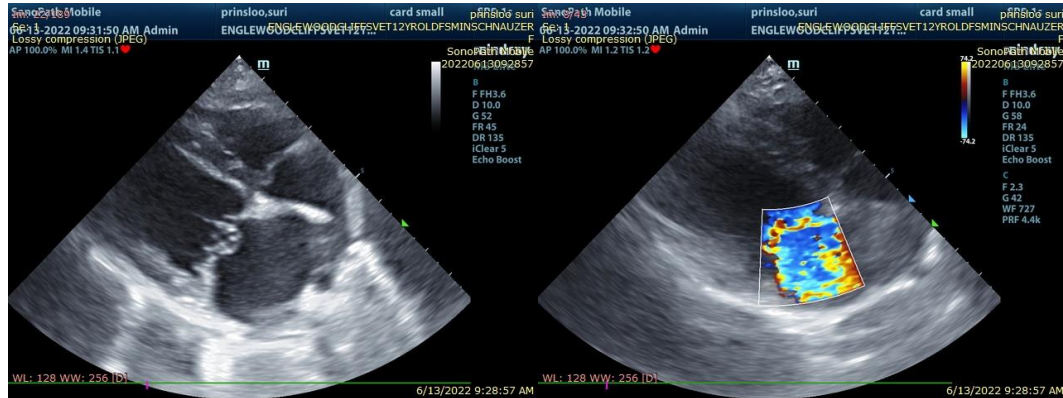
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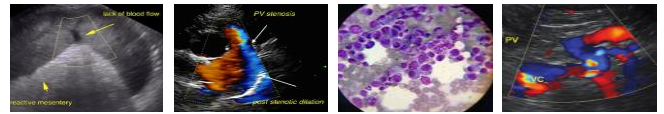
Dr. Attanasi



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.

Keith Blass, DVM, MS, DACVIM (Cardiology)
KeithBlass@gmail.com
631-804-5754



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