


RESENTING CLINICAL SIGNS
DATE

History: Presented on 6/21/22 for a history of IMHA with onset of hyporexia, lethargy, and a recurrent hacking cough. Radiographs showed cardiomegaly and a moderate coalescing interstitial to alveolar pulmonary infiltrate. Improved with CHF treatment.

6/24/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Tom McNeill

There is mild left atrial dilation. The mitral valve leaflets are mildly thickened, and a mild jet of mitral regurgitation is present. There is mild left ventricular dilation. Left ventricular systolic function is moderately depressed. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve leaflets are mildly thickened, and there is Doppler evidence of tricuspid regurgitation present. TR velocity does not suggest the presence of pulmonary hypertension. 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.

INTERPRETED BY

 Keith Blass, DVM,
 MS, DACVIM
 (Cardiology)

PATIENT

Jack Renner

 LA - 45.7 mm
 LVIDd - 46.0 mm
 LVIDs - 38.0 mm
 FS - 17.4%
 RA - 24.7 mm
 LVOT - 0.57 m/s
 RVOT - 0.79 m/s
 TR - 2.20 m/s

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS
BREED

Irish Setter

This examination demonstrates moderate depression of Jack's left ventricular systolic function, as well as regurgitation of blood across his mitral and tricuspid valves. It's possible that Jack could be suffering from a primary genetic-based form of dilated cardiomyopathy (DCM), however, consideration should also be given to the presence of a secondary cardiomyopathy (ex. diet-associated, myocarditis), especially if Jack is receiving a diet that has been linked to the development of myocardial dysfunction (ex. grain-free). Secondary to these abnormalities, Jack has mild dilation of both his left atrium and left ventricle. As only mild left heart chamber dilation is present, it would be a bit surprising if Jack has developed left-sided congestive heart failure, however, I would certainly believe his radiographs if cardiogenic pulmonary edema appears to be present, especially if any clinical signs he was experiencing have improved with cardiac therapy. Jack's myocardial dysfunction also puts him at risk for the development of exercise intolerance, syncope, and arrhythmia formation, therefore, careful monitoring for these is recommended.

SEX

MN

AGE

10 y

A whole blood taurine level may be warranted, and taurine supplementation (1000 mg BID) should be given if a deficiency is documented. A switch to a traditional grain-based diet is recommended if Jack is receiving one that has been linked to the development of myocardial dysfunction in dogs.

WEIGHT

24.2 kg

Recommended therapy to help support Jack's myocardial function includes pimobendan (7.5 mg BID), enalapril (12.5 mg BID), and spironolactone (25 mg BID). If Jack was experiencing any respiratory signs that improved with furosemide, continued use (50 mg BID) would be warranted.

HOSPITAL NAME

SVS Imaging CT

A renal/electrolyte profile is recommended in 1-2 weeks. A recheck echocardiogram is recommended in 6 months. Repeat radiographs are recommended any time clinical signs compatible with congestive heart failure develop.

REFERRING VET

Dr. Greer



DATE

6/24/22

PERFORMED BY:

Tom McNeill

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Keith Blass, DVM,
MS, DACVIM
(Cardiology)



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

Jack Renner

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.

SPECIES

Canine

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631-804-5754

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