



RESENTING CLINICAL SIGNS

DATE

History: Grade 1-2/6 mitral murmur first noted on 8/31/20. Recent coughing. Radiographs showed LAE and pulmonary congestion. Started on furosemide and enalapril.

7/1/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Amy Mayhew, LVT

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

There is moderate to severe left atrial dilation. The mitral valve leaflets are thickened and exhibit systolic prolapse. There is Doppler evidence of mitral regurgitation present. There is moderate to severe left ventricular dilation. Left ventricular systolic function is normal. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve appears normal. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

PATIENT

Max Huffman

LA - 48.7 mm
LVIDd - 48.7 mm
LVIDs - 28.9 mm
FS - 40.7%
RA - 25.1 mm
LVOT - 1.21 m/s
RVOT - 0.75 m/s

ASSESSMENT/RECOMMENDATIONS

SPECIES

Canine

BREED

Whippet

Degenerative mitral valve disease

This examination demonstrates regurgitation of blood across Max's mitral valve resulting from degenerative valve disease. Secondary to his regurgitation, Max has moderate to severe dilation of both his left atrium and left ventricle, though his left ventricular systolic function is well-preserved. Given the severity of his disease, it comes as no surprise that Max has reportedly experienced an episode of left-sided congestive heart failure (CHF). In addition to recurrence of CHF, Max is at risk for the development of exercise intolerance, syncope, and arrhythmia formation, therefore, careful monitoring for these is recommended.

SEX

MN

AGE

9 y

Max's current medications (furosemide ~30 mg BID; enalapril (7.5 mg BID) are appropriate based on this exam and his reported radiographic findings, as is therapy with pimobendan (3.75 mg BID) and spironolactone (25 mg am, 12.5 mg pm).

A renal/electrolyte profile +/- recheck radiographs are recommended in 1-2 weeks. A recheck echocardiogram is recommended in 6-9 months.

WEIGHT

33 lb

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Union Lake VH



DATE

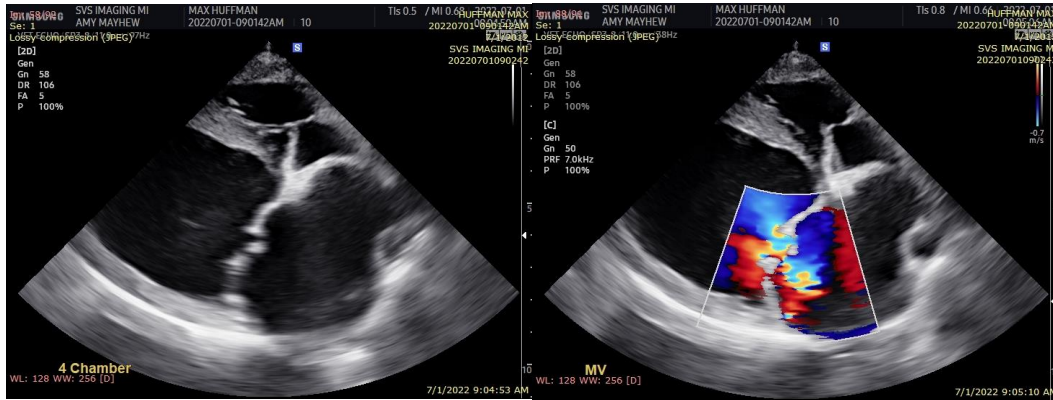
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Max Huffman

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

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