


PRESENTING CLINICAL SIGNS

DATE History: Grade 1-2/6 murmur. QAR. Back pain that is improving. BP 152 mmHg.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Loetitia Saint-Jacques, RVT, LVT

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

There is moderate left atrial dilation. The mitral valve leaflets are mildly thickened and exhibit systolic prolapse. A mild jet of mitral regurgitation is present. MR velocity does not suggest the presence of systemic hypertension. Left ventricular dimensions are normal. 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. TR velocity does not suggest the presence of pulmonary hypertension. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

PATIENT

Koda Buchanan

LA - 26.8 mm
LVIDd - 24.7 mm
LVIDs - 12.5 mm
FS - 49.3%
RA - 21.0 mm
LVOT - 1.26 m/s
RVOT - 1.04 m/s
MR - 5.90 m/s
TR - 2.72 m/s

SPECIES

Canine

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is submitted for review.

BREED

HR: 111 bpm
Rhythm: Sinus

Portuguese Podengo

Normal sinus rhythm is present throughout this recording. The MEA is normal. All complex amplitudes and intervals are within normal limits. No premature beats or conduction blocks are seen.

SEX
RADIOGRAPHIC FINDINGS

MN

Three-view thoracic radiographs are submitted for review.

AGE

9 y

The cardiac silhouette is normal in size, with no specific chamber enlargement present. The pulmonary vessels are within normal limits. The pulmonary parenchyma and pleural space are within normal limits. The trachea is normal. The remainder of the thorax is unremarkable.

ASSESSMENT/RECOMMENDATIONS
WEIGHT

Degenerative mitral and tricuspid valve disease

15.5 lb

Koda's echocardiogram demonstrates mild regurgitation of blood across his mitral and tricuspid valves resulting from degenerative valve disease. The hemodynamic effects of the regurgitations also appear to be mild, as Koda does not have secondary dilation of any of his cardiac chambers. As such, Koda's valvular diseases appear to be well-compensated, and his current risk for the development of clinical signs secondary to them, such as coughing, exercise intolerance, syncope, labored breathing, and abdominal distension, appears to be low.

HOSPITAL NAME

AMC of Reno

REFERRING VET

No abnormalities are appreciated in Koda's ECG and thoracic radiographs.

Dr. Taormina



DATE No therapy is recommended at this stage of Koda's valvular diseases.

7/13/22 A recheck echocardiogram is recommended in 6 months to monitor for disease progression.

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PATIENT

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WEIGHT

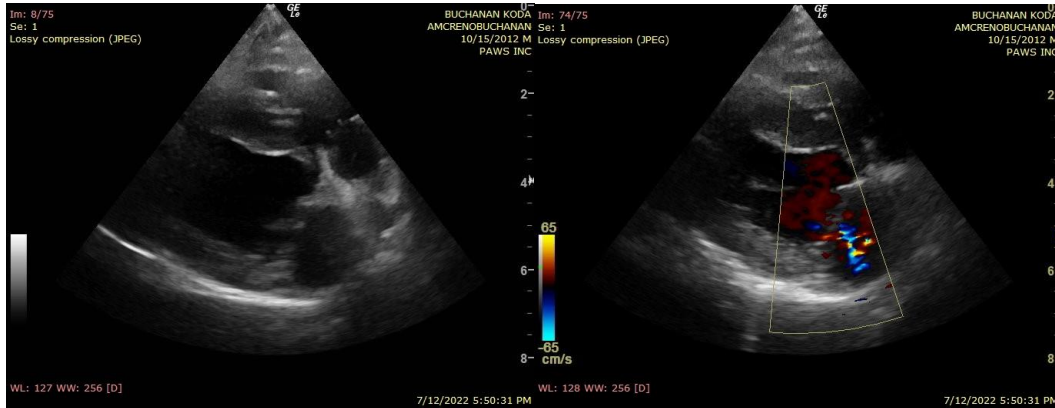
15.5 lb

HOSPITAL NAME

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REFERRING VET

Dr. Taormina



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)
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