


PRESENTING CLINICAL SIGNS

DATE History: Grade II-III/VI left-sided murmur. New cough. Radiographs showed cardiomegaly and possible pulmonary edema. Started on Lasix.

7/13/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and color Doppler study.

PERFORMED BY:

Dr. Meredith Swart

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

There is mild to moderate left atrial dilation. The mitral valve leaflets are mildly thickened, and a moderate jet of eccentric mitral regurgitation is present. There is moderate left ventricular dilation. Left ventricular systolic function is intermittently mildly to 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 a mild jet of tricuspid regurgitation is 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.

An intermittently irregular heart rhythm is present.

PATIENT

Rudy Packer

LA - 40.4 mm
LVIDd - 42.3 mm - 45.3 mm
LVIDs - 33.1 mm - 33.5 mm
FS - 20.7% - 27.0%
LVOT - 1.23 m/s
RVOT - 0.78 m/s
TR - 2.60 m/s

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS
BREED

Sheltie

Degenerative mitral and tricuspid valve disease
Intermittent left ventricular systolic dysfunction
Possible arrhythmia

SEX

MN

AGE

13 y

This examination demonstrates regurgitation of blood across Rudy's mitral and tricuspid valves resulting from degenerative valve disease. Rudy's tricuspid valve disease is mild, and appears to be well-compensated at this time. His mitral valve disease is more advanced, as Rudy has moderate mitral regurgitation present, with mild to moderate secondary dilation of his left atrium and moderate dilation of his left ventricle. Given the presence of mild to moderate left atrial dilation, it's possible that mainstem bronchial compression could be contributing to Rudy's cough, and it wouldn't come as much of a surprise if he developed cardiogenic pulmonary edema, however, edema formation typically should be accompanied by an increased respiratory rate/effort rather than just coughing.

WEIGHT

28 lb

Also seen in this exam is an intermittently irregular heart rhythm, as well as intermittently depressed left ventricular systolic function. As Rudy's systolic function does measure normally at times, it's likely that he does not suffer from primary myocardial dysfunction, and his intermittently depressed function is likely secondary to variations in his heart rhythm.

An ECG is recommended to further evaluate for the presence of a pathologic arrhythmia.

HOSPITAL NAME

Swart Veterinary
Imaging

Recommended therapy based on this exam includes pimobendan (5 mg am, 2.5 mg pm) and enalapril (5 mg BID). Continued use of furosemide (1-2 mg/kg BID) would be warranted if the medication has improved Rudy's cough. If it has not, a trial with hydrocodone (3.75 mg PRN, up to every 6 hours) is recommended.

REFERRING VET

Dr. Swart

A renal/electrolyte profile is recommended in 1-2 weeks. A recheck echocardiogram is



recommended in 6 months. Repeat radiographs are recommended if clinical signs compatible with congestive heart failure develop.

DATE

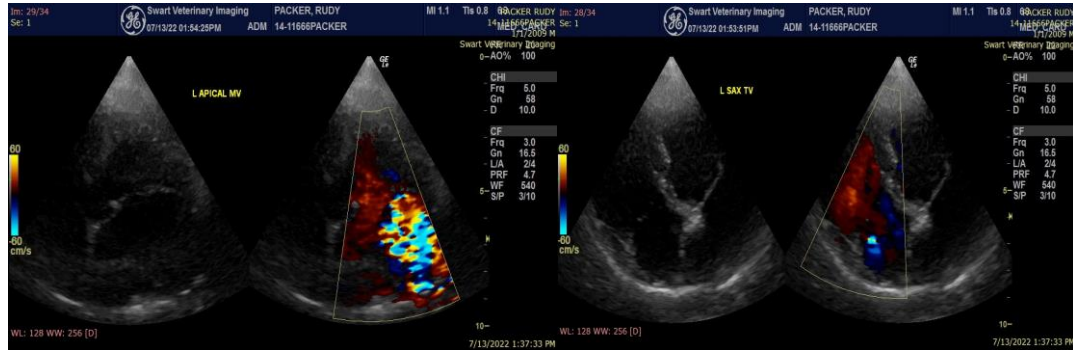
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PATIENT

Rudy Packer

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.

SPECIES

Canine

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.

BREED

Keith Blass, DVM, MS, DACVIM (Cardiology)

Sheltie

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SEX

MN

AGE

13 y

WEIGHT

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HOSPITAL NAME

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Imaging

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Dr. Swart