


PRESENTING CLINICAL SIGNS

DATE History: Grade III-IV/VI left-sided murmur and coughing/hacking noted last year. Radiographs at that time showed cardiomegaly and possible CHF. Started on furosemide 18.75 mg am and pm, 12.5 mg midday, benazepril 5 mg SID, pimobendan 2.5 mg am, 1.25 mg pm, and spironolactone 6.25 mg BID. Still coughing, mostly when excited and when resting at night. Pre-anesthetic evaluation (toe tumor removal). Started on diphenoxylate to treat cough.

7/15/22

ECHOCARDIOGRAPHIC FINDINGS

PERFORMED BY:
 Dr. Meredith Swart

2D, M-mode, and Doppler study.

INTERPRETED BY There is moderate left atrial dilation. The mitral valve leaflets are thickened and exhibit systolic prolapse. A moderate jet of eccentric mitral regurgitation is present. There is moderate left ventricular dilation. Left ventricular systolic function is hyperdynamic. The aorta and aortic valve appear normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve is normal. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

Keith Blass, DVM,
 MS, DACVIM
 (Cardiology)

PATIENT LA - 35.5 mm
 LVIDd - 36.0 mm
 LVIDs - 18.7 mm
 FS - 48%
 RVOT - 1.08 m/s

Leila Voutour

ASSESSMENT/RECOMMENDATIONS

SPECIES Degenerative mitral valve disease
 Canine

BREED This examination demonstrates moderate regurgitation of blood across Leila's mitral valve resulting from degenerative valve disease. Secondary to her regurgitation, Leila has moderate dilation of both her left atrium and left ventricle, though her left ventricular systolic function is well-preserved. Given the presence of moderate left atrial dilation, it's certainly possible that mainstem bronchial compression could be contributing to Leila's cough, however, given the persistence of the cough despite Leila receiving a relatively high dose of furosemide, it's likely that there is a concurrent contribution to the cough, such as dynamic tracheal collapse and/or inflammatory airway disease. Since I haven't seen Leila's radiographs from last year, I can't say whether she was in congestive heart failure then, however, I can say that she is currently at risk for its development, therefore, careful monitoring of her respiratory rate/effort is recommended. She is also at risk for the development of exercise intolerance and syncope, therefore, careful monitoring for these signs is also recommended.

Pomeranian

SEX FS
 FS

AGE Leila's cardiovascular risk for general anesthesia, especially her risk for fluid overload, is moderately increased based on this exam, therefore, precautions should be taken in order to minimize this risk. I recommend avoiding the use of alpha-2 agonists, ketamine, and telazol in the anesthetic protocol, as well as reducing the IV fluid rate by 50% and pre-oxygenating Leila for a few minutes prior to induction. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

7 y

WEIGHT 16 lb

HOSPITAL NAME Leila's current cardiac medications are appropriate based on this exam, though it's unclear whether she needs to be on such a high furosemide dose. I typically use a dose of ~2 mg/kg BID for a dog that has experienced CHF for the first time, therefore, it's possible that her current dose could be lowered. Should Leila's cough fail to improve with diphenoxylate, a switch to hydrocodone (2.5 mg PRN, up to every 6 hours) may be warranted.

Swart Veterinary
 Imaging

REFERRING VET A recheck echocardiogram is recommended in 9 months. Thoracic radiographs are recommended if clinical signs compatible with congestive heart failure develop.

Dr. Swart



DATE

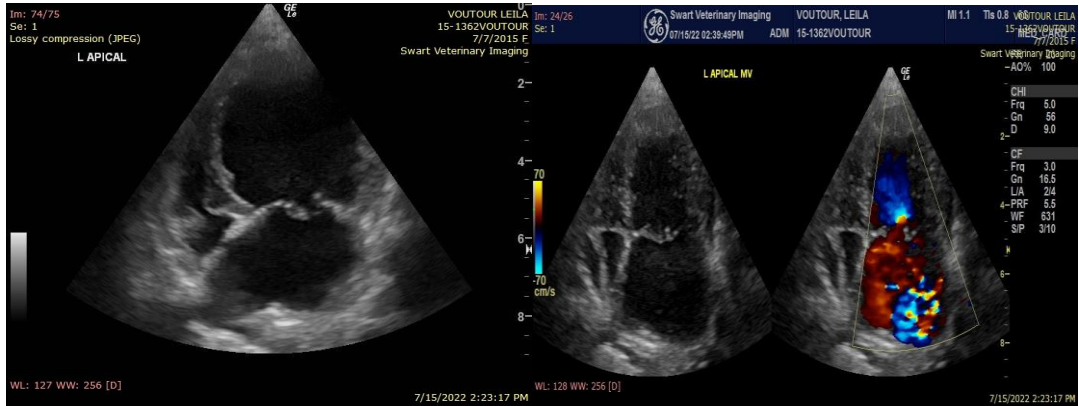
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INTERPRETED BY

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PATIENT

Leila Voutour

SPECIES

Canine

BREED

Pomeranian

SEX

FS

AGE

7 y

WEIGHT

16 lb

HOSPITAL NAME

Swart Veterinary
Imaging

REFERRING VET

Dr. Swart

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.

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