


PRESENTING CLINICAL SIGNS

DATE History: Labored breathing and coughing for 6-8 weeks. Harsh lung sounds. No murmur. Radiographs showed moderate cardiomegaly and a heavy interstitial and alveolar pulmonary pattern in the perihilar region and cranial segment of the left cranial lung lobe.

7/27/22

ECHOCARDIOGRAPHIC FINDINGS

PERFORMED BY: 2D, M-mode, and Doppler study.

Loetitia Saint-Jacques, RVT

There is moderate left atrial dilation. The mitral valve leaflets are mildly thickened and exhibit mild 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 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 pericardial effusion or cardiac masses are seen.

INTERPRETED BY

Keith Blass, DVM, MS, DACVIM (Cardiology)

LA - 48.0 mm
 LVIDd - 48.2 mm
 LVIDs - 25.9 mm
 FS - 46%
 LVOT - 1.23 m/s
 RVOT - 0.76 m/s
 TR - 2.65 m/s

PATIENT

Lucy Malone

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease

BREED

Border Collie

This examination demonstrates regurgitation of blood across Lucy's mitral and tricuspid valves resulting from degenerative valve disease. Lucy's tricuspid valve disease is mild, and appears to be well-compensated at this time. Her mitral valve disease is more advanced, as Lucy has moderate mitral regurgitation present, with moderate secondary dilation of both her left atrium and left ventricle, though her left ventricular systolic function is well-preserved. While I haven't seen Lucy's radiographs, the presence of moderate left heart chamber dilation suggests that it's likely that the pulmonary infiltrate seen in the radiographs is due to the presence of cardiogenic pulmonary edema. In addition to edema formation, Lucy is at risk for the development of exercise intolerance and syncope, therefore, careful monitoring for these signs is recommended.

SEX

FS

Recommended therapy based on this exam and Lucy's reported radiographic findings includes furosemide (37.5 mg BID), enalapril (7.5 mg BID), pimobendan (5 mg BID), and spironolactone (25 mg am, 12.5 mg pm).

AGE

13 y

Recheck radiographs and a renal/electrolyte profile are recommended in 1 week. A recheck echocardiogram is recommended in 6 months.

WEIGHT

38.4 lb

HOSPITAL NAME

Grass Valley

REFERRING VET

Dr. Michaelis



DATE

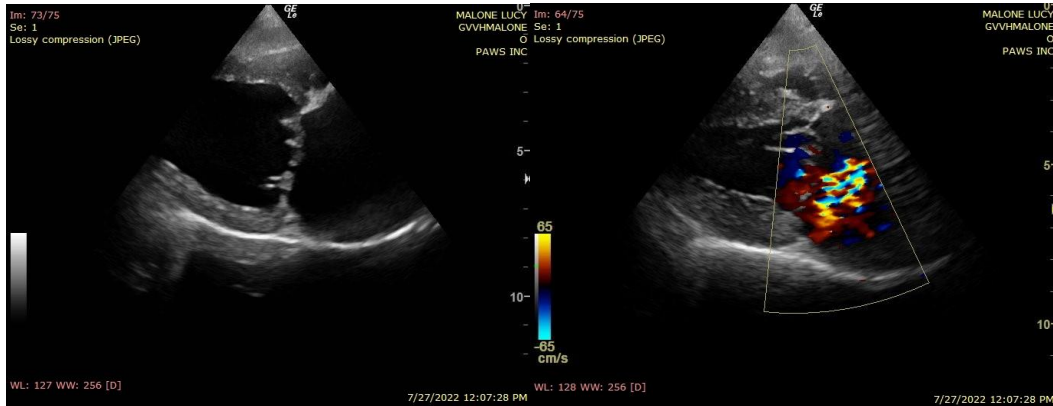
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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