


**PRESENTING CLINICAL SIGNS**

History: Experiencing suspected syncopal episodes. BP WNL. No murmur.

**DATE**

7/29/22

**ECHOCARDIOGRAPHIC FINDINGS**

2D, M-mode, and Doppler study.

**PERFORMED BY:**

Tom McNeill

**INTERPRETED BY**

 Keith Blass, DVM,  
 MS, DACVIM  
 (Cardiology)

There is mild to moderate left atrial dilation. The mitral valve appears normal, though a mild jet of centrally-directed mitral regurgitation is present. There is mild to moderate left ventricular dilation. Left ventricular systolic function is severely depressed. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve appears normal, though mild 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**

Jager Palmer

LA – 51.3 mm  
 LVIDd – 51.7 mm  
 LVIDs – 43.8 mm  
 FS – 15.2%  
 RA – 38.4 mm  
 LVOT – 0.85 m/s  
 RVOT – 0.70 m/s  
 TR – 2.52 m/s

**SPECIES**

Canine

**ELECTROCARDIOGRAPHIC FINDINGS**

A single lead ECG is submitted for review.

HR: 158 bpm  
 Rhythm: Sinus

**BREED**

Boxer

Mild sinus tachycardia is present throughout this recording. All complex amplitudes and intervals are within normal limits. No premature beats or conduction blocks are seen.

**RADIOGRAPHIC FINDINGS**

Three-view thoracic radiographs are submitted for review.

**SEX**

M

There is moderate generalized enlargement of the cardiac silhouette in the VD image, and mild enlargement of the left atrium and left ventricle in the lateral images. The pulmonary vessels are within normal limits. The pulmonary parenchyma and pleural space are within normal limits. There is narrowing of the caudal cervical trachea in the left lateral image. The remainder of the thorax is unremarkable.

**AGE**

9 y

**ASSESSMENT/RECOMMENDATIONS**

Dilated cardiomyopathy (DCM)

**WEIGHT**

80.2 lb

Jager's echocardiogram demonstrates severe depression of his left ventricular systolic function. This could be due to the presence of a primary genetic-based form of DCM, however, consideration should also be given to the presence of a secondary cardiomyopathy (ex. dietary insufficiency, myocarditis). Secondary to his myocardial dysfunction, Jager has mild to moderate dilation of both his left atrium and left ventricle. It's certainly possible that Jager's myocardial dysfunction could be the cause of his syncopal episodes, however, an intermittent arrhythmia and vasovagal reflex should be considered as well. In addition to syncope, Jager is at risk for the development of congestive heart failure, therefore, careful monitoring for the development of labored breathing and/or abdominal distension is recommended.

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

Dr. Gallick



DATE

7/29/22

Evaluation of Jager's diet is recommended, and switch to a traditional grain-based one is recommended if he is receiving one that has been linked to the development of cardiomyopathy in dogs. A whole blood taurine level is recommended, and taurine supplementation (1000 mg BID) should be given if a deficiency is documented.

A Holter monitor may be warranted to evaluate for the presence of an intermittent arrhythmia.

PERFORMED BY:

Tom McNeill

Recommended therapy to help support Jager's myocardial function includes pimobendan (10 mg BID), enalapril (17.5 mg BID), and spironolactone (37.5 mg BID). Moderate to severe exercise restriction is recommended.

INTERPRETED BY

Keith Blass, DVM,  
MS, DACVIM  
(Cardiology)

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 suggestive of congestive heart failure develop.

PATIENT

Jager Palmer



SPECIES

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80.2 lb

HOSPITAL NAME

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REFERRING VET

Dr. Gallick

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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