


PRESENTING CLINICAL SIGNS

DATE History: New murmur. Presented in respiratory distress. Minimally responsive to furosemide. Radiographs concerning for PTE.

8/1/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Dr. Seth Mitchell

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

Left atrial size is normal. The mitral valve leaflets are mildly thickened, and a mild jet of eccentric mitral regurgitation is present. Left ventricular dimensions are normal. Left ventricular systolic function is normal. 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

Gunther Corson

LA - 36.5 mm
LVIDd - 36.5 mm
LVIDs - 27.0 mm
FS - 26%
RA - 23.9 mm
LVOT - 1.48 m/s
RVOT - 1.27 m/s
TR - 2.26 m/s

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease

BREED

Beagle

This examination demonstrates mild regurgitation of blood across Gunther's mitral and tricuspid valves resulting from degenerative valve disease. The hemodynamic effects of each of the regurgitations also appear to be mild, as Gunther does not have secondary dilation of any of his cardiac chambers. Given the absence of chamber dilation, as well as the lack of response to furosemide, it appears unlikely that there is a cardiac contribution to Gunther's respiratory distress.

SEX

MN

No therapy is recommended based on Gunther's echocardiogram, however, a continued trial with furosemide may be warranted if his radiographs are suggestive of the presence of cardiogenic pulmonary edema. Oxygen supplementation +/- other supportive care is recommended.

AGE

11 y

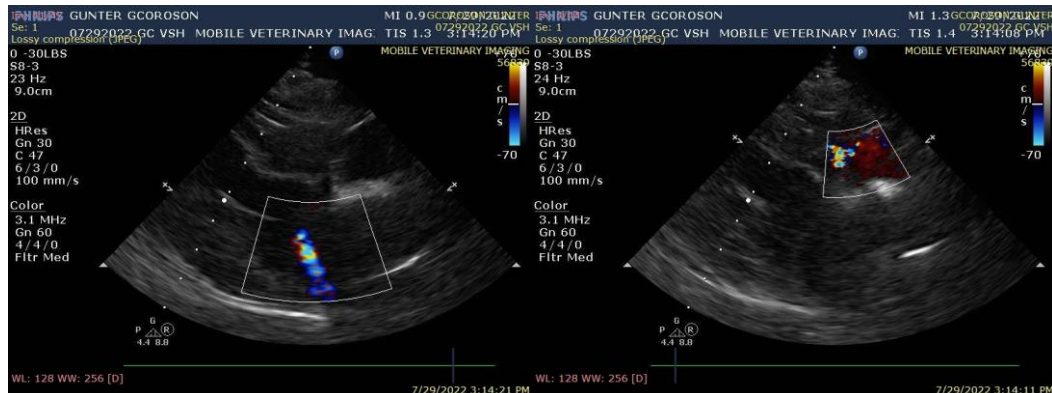
A recheck echocardiogram is recommended in ~6 months to monitor for disease progression.

WEIGHT

20 lb

HOSPITAL NAME

Mobile Veterinary
Imaging


REFERRING VET

Dr. Mitchell



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8/1/22

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.

PERFORMED BY:

Dr. Seth Mitchell

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.

INTERPRETED BY

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