



PRESENTING CLINICAL SIGNS

History: Recent onset of exercise intolerance and an episode of collapse after being bathed. Recent heartworm test positive. Microfilaria negative.

DATE

8/1/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Tom McNeill

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

Left atrial size is normal. The mitral valve is normal. Left ventricular dimensions are normal. Left ventricular systolic function is normal. The aorta and aortic valve appear normal, though there is mildly increased flow velocity in the ascending aorta. 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 heartworms are visualized. No pericardial effusion or cardiac masses are seen.

PATIENT

Ivey Larson

LA - 32.7 mm
LVIDd - 36.8 mm
LVIDs - 25.7 mm
FS - 30%
RA - 27.3 mm
LVOT - 1.94 m/s
RVOT - 0.94 m/s

ASSESSMENT/RECOMMENDATIONS

SPECIES

Canine

BREED

Pitbull Mix

SEX

FS

AGE

2 y

WEIGHT

39.1 lb

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

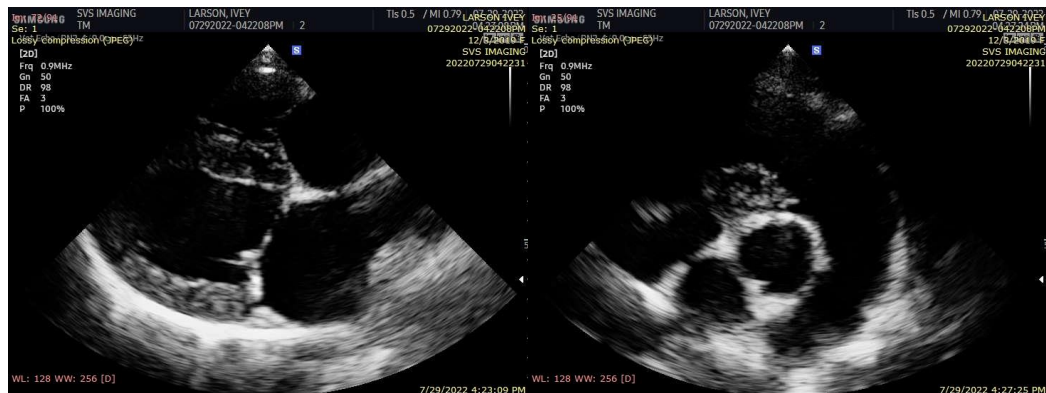
Dr. Miller

Normal echocardiogram

This examination demonstrates no evidence of structural heart disease, nor does it demonstrate any heartworms in Ivey's proximal pulmonary arteries. As such, no reason for Ivey's exercise intolerance and collapse is appreciated in the image set, though the presence of heartworm-associated pulmonary hypertension cannot be ruled out given the absence of tricuspid and pulmonic regurgitation.

No contraindication to heartworm adulticide therapy (3 dose protocol) following a four week course of doxycycline (10 mg/kg BID) is seen in this exam. Initiation of a monthly heartworm preventive is recommended if not already started. Strict exercise restriction is recommended throughout the course of therapy.

A heartworm antigen test is recommended 9 months after the final melarsomine injection. A recheck echocardiogram is recommended if new physical exam and/or clinical abnormalities suggestive of cardiac dysfunction develop.





DATE 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.

8/1/22

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.

PERFORMED BY:

Tom McNeill
Keith Blass, DVM, MS, DACVIM (Cardiology)
KeithBlass@gmail.com
631-804-5754

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