

PRESENTING CLINICAL SIGNS

History: Elevated BNP (9000). Weight loss with no change in appetite. Pelvic limb weakness with muscle atrophy.

DATE

8/15/22

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 leaflets are mildly thickened, and a mild jet of mitral regurgitation is present. Left ventricular dimensions are normal, as is left ventricular systolic function. The aorta and aortic valve are normal. There is mild right atrial and right ventricular dilation. The tricuspid valve leaflets are mildly thickened, and a mild jet of tricuspid regurgitation is present. TR velocity is consistent with the presence of very mild pulmonary hypertension (PG 32.5 mmHg). The pulmonic valve appears normal, though mild pulmonic insufficiency is present. There is dilation of the main pulmonary artery. No heartworms are visualized. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

PATIENT

Bear Stoughton

LA - 42.7 mm
LVIDd - 31.9 mm
LVIDs - 21.4 mm
FS - 32.9%
RA - 38.8 mm
LVOT - 0.95 m/s
RVOT - 0.51 m/s
TR - 2.85 m/s

SPECIES

Canine

BREED

Shepherd/Husky Mix

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease
Pulmonary hypertension

SEX

MN

AGE

11 y

This examination demonstrates regurgitation of blood across Bear's mitral and tricuspid valve resulting from degenerative valve disease. Bear's mitral valve disease is mild, and appears to be well-compensated at this time. His tricuspid valve disease is also mild, though his tricuspid regurgitation velocity is consistent with the presence of very mild pulmonary hypertension. It's possible that Bear's pulmonary hypertension severity could be underestimated, as his spectral Doppler tricuspid regurgitation signal was weak, and he has dilation of his main pulmonary artery and right heart chambers, which are commonly seen with more significant pulmonary hypertension. If more significant pulmonary hypertension is actually present, it could potentially be contributing to Bear's slowing down, however, it shouldn't be the cause of his weight loss or pelvic limb atrophy.

WEIGHT

52 lb

I recommend starting Bear on pimobendan (7.5 mg am, 5 mg pm), as this medication should help to slow the progression of his valvular diseases. As only very mild pulmonary hypertension was documented, no therapy for it is recommended at this time.

A recheck echocardiogram is recommended in 6 months.

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Miller



DATE

8/15/22

PERFORMED BY:

Tom McNeill

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

PATIENT

Bear Stoughton

SPECIES

Canine

BREED

Shepherd/Husky Mix

SEX

Keith Blass, DVM, MS, DACVIM (Cardiology)

MN

KeithBlass@gmail.com
631-804-5754

AGE

11 y

WEIGHT

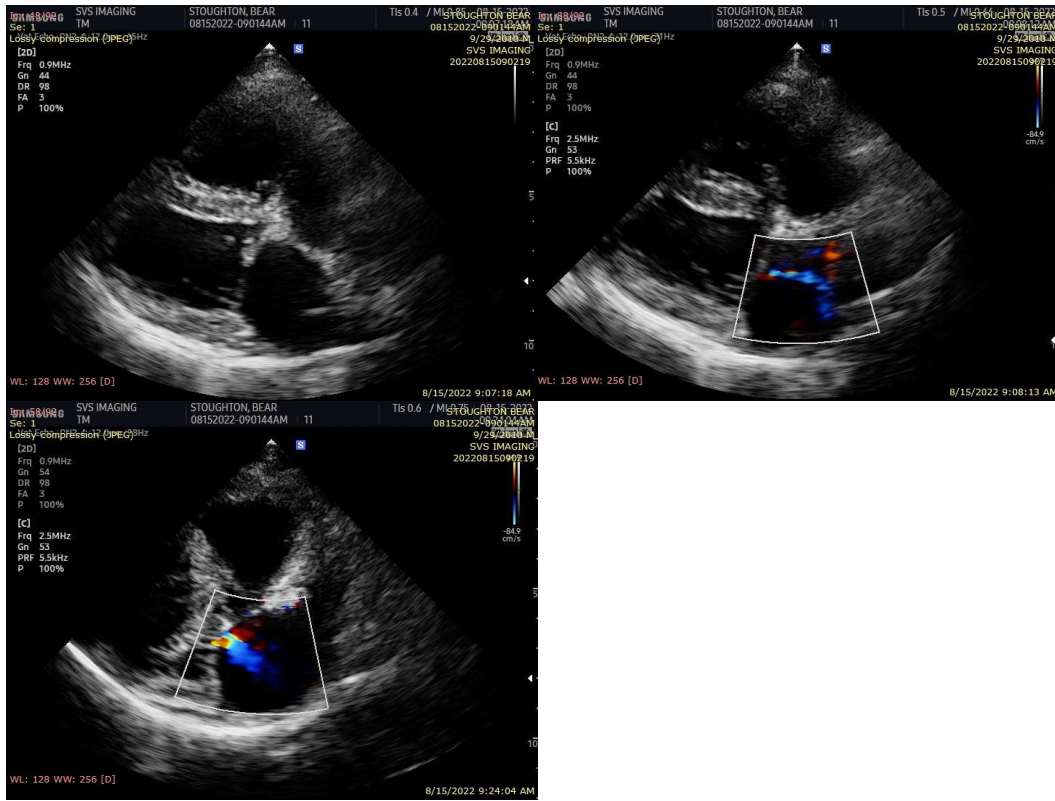
52 lb

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Miller



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.