



PRESENTING CLINICAL SIGNS

History: Tooth root abscess. Abnormal lung sounds. Receiving meloxicam and enrofloxacin.

DATE

8/17/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Rebekah Jakum

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

Left atrial size is normal. The mitral valve leaflets are very mildly thickened, and a mild jet of mitral regurgitation is present. Left ventricular wall thickness is normal. Left ventricular internal 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 is normal. The pulmonary artery and pulmonic valve are normal. No heartworms are visualized. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

PATIENT

Pew Hennessey

LA - 16.1 mm
IVSd - 5.0 mm
LVPWd - 5.1 mm
LVIDd - 16.5 mm
LVIDs - 10.5 mm
FS - 36%
RA - 13.4 mm
LVOT - 1.26 m/s
RVOT - 0.78 m/s

SPECIES

Skunk

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral valve disease

BREED

This examination demonstrates mild regurgitation of blood across Pew's mitral valve resulting from degenerative valve disease. The hemodynamic effects of the regurgitation also appear to be mild, as Pew does not have secondary dilation of either of his left heart chambers. Given the absence of chamber dilation, Pew's mitral valve disease appears to be well-compensated, therefore, it's unlikely that there is a cardiac contribution to his abnormal lung sounds, though thoracic radiographs are recommended for further evaluation.

SEX

No therapy appears to be warranted at this stage of Pew's mitral valve disease, unless radiographs show the presence of cardiogenic pulmonary edema, in which case a trial with furosemide (6.25 mg BID) would be warranted.

MN

AGE

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

6 y

WEIGHT

12.8 lb

HOSPITAL NAME

Maple Hills VH



REFERRING VET

Dr. Eckman

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.

DATE 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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PERFORMED BY: Keith Blass, DVM, MS, DACVIM (Cardiology)
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