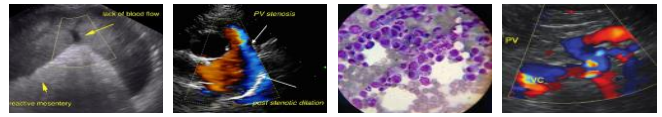


	<b>PRESENTING CLINICAL SIGNS</b>
<b>DATE</b> 8/18/23	History: Episodes of collapse starting last weekend. Turns pale during episodes but doesn't lose consciousness. Two littermates have died in the past two weeks, one of which experienced cardiac arrest. No murmur or history of cardiac disease. PE – QAR, tachypneic, abdominal component to breathing. BNP >6000. Radiographs show no overt cardiomegaly.
<b>PERFORMED BY:</b> Karen Ebersole, DVM, DABVP	<b>ECHOCARDIOGRAPHIC FINDINGS</b> 2D, M-mode, and Doppler study.
<b>INTERPRETED BY</b> Keith Blass, DVM, MS, DACVIM (Cardiology)	The left atrium is mildly underfilled. The mitral valve leaflets are thickened and exhibit systolic prolapse. There is Doppler evidence of mitral regurgitation present. The left ventricle is underfilled. Left ventricular systolic function is hyperdynamic. The aorta and aortic valve appear normal. There is mild right atrial and right ventricular dilation. There is flattening of the interventricular septum. The tricuspid valve leaflets are mildly thickened, and a mild jet of tricuspid regurgitation is present. The pulmonary artery and pulmonic valve appear normal, though trace pulmonic insufficiency is present. PI velocity is consistent with the presence of moderate diastolic pulmonary hypertension. No shunting lesions are visualized. No heartworms are visualized. No pericardial effusion or cardiac masses are seen. Peritoneal effusion is present.
<b>PATIENT</b> Cowboy Trybus	LA – 34.8 mm LVIDd – 22.4 mm LVIDs – 10.0 mm FS – 55%
<b>SPECIES</b> Canine	RA – 42.8 mm RVIDd – 41.0 mm RVOT – 1.13 m/s PI – 3.26 m/s
<b>BREED</b> Golden Retriever	<b>ELECTROCARDIOGRAPHIC FINDINGS</b> A six lead ECG is submitted for review.
<b>SEX</b>	HR: 136-167 bpm Rhythm: Sinus
<b>MN</b>	Normal sinus rhythm and sinus tachycardia are present in this recording. The MEA is normal. All complex amplitudes and intervals are within normal limits. No premature beats or conduction blocks are seen.
<b>AGE</b> 9 y	<b>ASSESSMENT/RECOMMENDATIONS</b> Degenerative tricuspid valve disease Pulmonary hypertension
<b>WEIGHT</b> 96 lb	This examination demonstrates mild regurgitation of blood across Cowboy's tricuspid valve resulting from degenerative valve disease. Also seen in this exam is trace regurgitation of blood across Cowboy's pulmonic valve, the velocity of which is consistent with the presence of diastolic pulmonary hypertension. It's highly likely that Cowboy also suffers from systolic pulmonary hypertension (spectral Doppler evaluation of Cowboy's tricuspid regurgitation was not present in the image set, therefore, an estimate of his systolic pulmonary artery pressure could not be made), which I suspect is significant, as its presence could explain Cowboy's right heart chamber dilation, flattening of his interventricular septum, and underfilling of his left heart chambers. The presence of significant systolic pulmonary hypertension would also likely explain Cowboy's collapsing episodes and peritoneal effusion formation.
<b>HOSPITAL NAME</b> Scanvet	No abnormalities are appreciated in Cowboy's ECG.
<b>REFERRING VET</b> Dr. Vivirito	



**DATE** Abdominocentesis is recommended, and a sample of effusion should be submitted for analysis.

**8/18/23** Given the presence of diastolic pulmonary hypertension, and likely presence of systolic pulmonary hypertension, I recommend starting Cowboy on sildenafil (100 mg morning and evening, 80 mg midday). Recommended therapy for Cowboy's tricuspid valve disease/right-sided CHF includes furosemide (100 mg BID), enalapril (20 mg BID), pimobendan (10 mg BID), and spironolactone (50 mg am, 37.5 mg pm).

**PERFORMED BY:** Karen Ebersole, DVM, DABVP

**INTERPRETED BY:** Keith Blass, DVM, MS, DACVIM (Cardiology)  
A recheck physical exam and renal/electrolyte profile are recommended in 1-2 weeks. A recheck echocardiogram is recommended in 4 months, sooner if Cowboy continues to experience frequent collapsing episodes or if he reaccumulates peritoneal effusion.

**PATIENT**

Cowboy Trybus

**SPECIES**

Canine

**BREED**

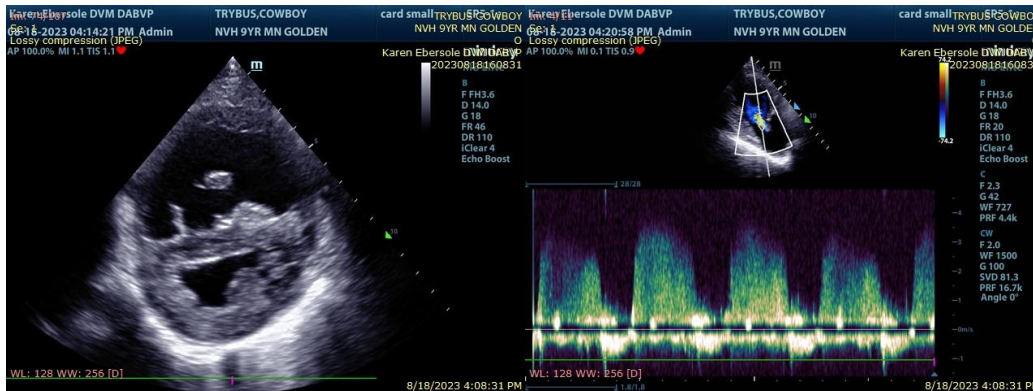
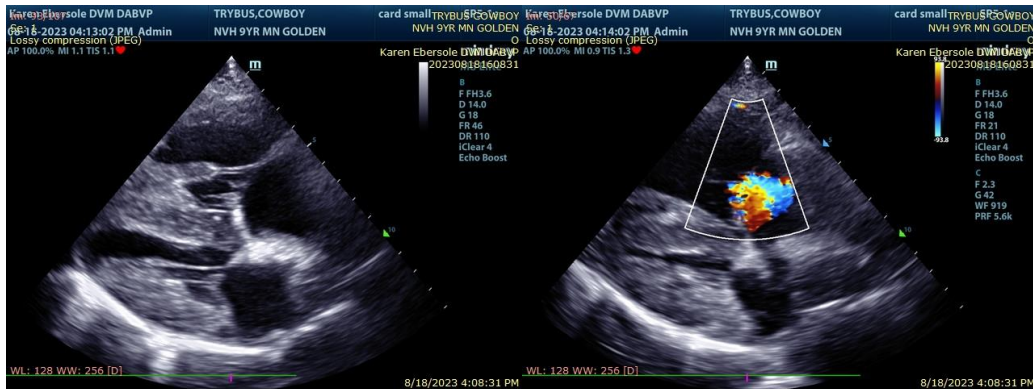
Golden Retriever

**SEX**

MN

**AGE**

9 y



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.

**WEIGHT**

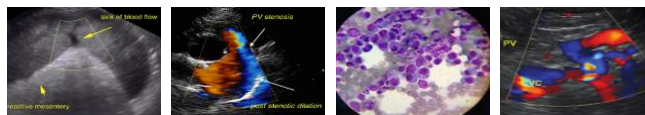
96 lb **Keith Blass, DVM, MS, DACVIM (Cardiology)**  
KeithBlass@gmail.com  
631-804-5754

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

Dr. Vivirito



**DATE**

8/18/23

**PERFORMED BY:**

Karen Ebersole, DVM,  
DABVP

**INTERPRETED BY**

Keith Blass, DVM,  
MS, DACVIM  
(Cardiology)

**PATIENT**

Cowboy Trybus

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

MN

**AGE**

9 y

**WEIGHT**

96 lb

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

Dr. Vivirito