



PRESENTING CLINICAL SIGNS

History: Grade 4/6 left-sided murmur with radiation to the right. Renal disease.

DATE

8/19/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Tom McNeill

There is mild left atrial dilation. The mitral valve leaflets are thickened and exhibit systolic prolapse. There is Doppler evidence of mitral regurgitation present. Left ventricular dimensions are normal. Left ventricular systolic function is hyperdynamic. 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 shunting lesions are visualized. No heartworms are visualized. No pericardial effusion or cardiac masses are seen.

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

LA - 45.0 mm
LVIDd - 37.8 mm
LVIDs - 19.3 mm
FS - 48.9%
RA - 26.5 mm
LVOT - 1.14 m/s
RVOT - 1.14 m/s

PATIENT

Barker Schmecht

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral valve disease

SPECIES

Canine

This examination demonstrates regurgitation of blood across Barker's mitral valve resulting from degenerative valve disease. Secondary to his regurgitation, Barker has mild dilation of his left atrium, though his left ventricular dimensions are normal, and his left ventricular systolic function is well-preserved. As only mild left atrial dilation is present, Barker's mitral valve disease appears to be well-compensated, and his current risk for the development of clinical signs secondary to it, such as coughing, exercise intolerance, syncope, and labored breathing, appears to be relatively low.

BREED

Brittany Spaniel

No therapy is recommended at this stage of disease.

SEX

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

MN

AGE

10 y

WEIGHT

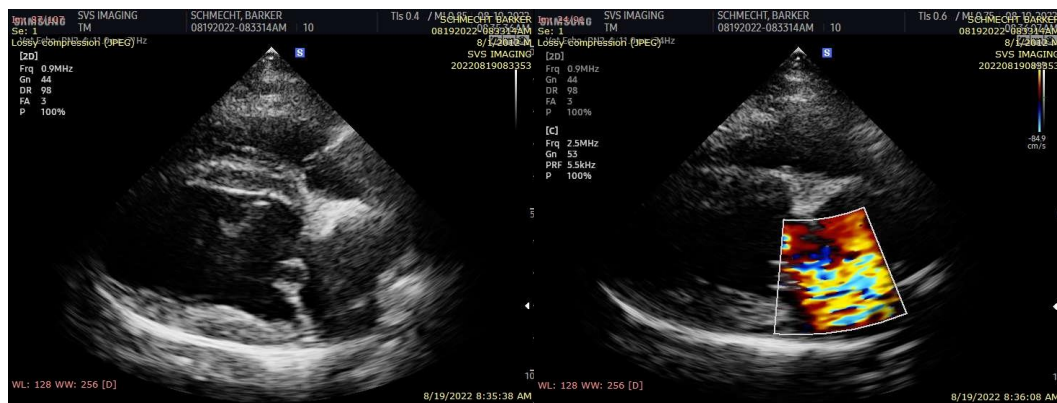
55 lb

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Dietschweiler



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.

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Keith Blass, DVM, MS, DACVIM (Cardiology)

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631-804-5754

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