


**RESENTING CLINICAL SIGNS**

**DATE** History: Hx of heart murmur and cardiomegaly noted in radiographs taken in 12/2020. Started on Lasix 6.25 mg BID and pimobendan 1.25 mg BID. Doing well until 8/9/21 when presented for increased coughing, especially while drinking water. Grade 4/6 murmur. Cough elicited on tracheal palpation. Benazepril 2.5 mg SID added to therapy. Cough has not improved.

8/23/21

**ECHOCARDIOGRAPHIC FINDINGS**

**PERFORMED BY:** 2D, M-mode, and Doppler study.

Dr. Meredith Swart

**INTERPRETED BY**

Keith Blass, DVM,  
MS, DACVIM  
(Cardiology)

There is moderate to severe left atrial dilation. The mitral valve leaflets are thickened and exhibit systolic prolapse. There is Doppler evidence of mitral regurgitation present. There is moderate to severe left ventricular dilation. Left ventricular systolic function is hyperdynamic. 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 leaflets are mildly thickened, and there is Doppler evidence of tricuspid regurgitation present. TR velocity measures at the upper limit of normal. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

**PATIENT**

Callie Sue Edwards

LA - 34.3 mm  
LVIDd - 34 mm  
LVIDs - 17 mm  
FS - 50%  
LVOT - 1.16 m/s  
RVOT - 0.77 m/s  
TR - 2.80 m/s

**SPECIES**

Canine

**ASSESSMENT/RECOMMENDATIONS**

Degenerative mitral and tricuspid valve disease

**BREED**

Dachshund

This examination demonstrates regurgitation of blood across Callie's mitral and tricuspid valves resulting from degenerative valve disease. Callie's tricuspid valve disease is mild, and appears to be well-compensated at this time. Her mitral valve disease is significantly more advanced, as Callie has moderate to severe secondary dilation of both her left atrium and left ventricle, though her left ventricular systolic function is well-preserved. Given this, it's very likely that mainstem bronchial compression is contributing to Callie's cough, though a concurrent contribution from dynamic tracheal collapse is likely present as well. In addition to coughing, Callie is at relatively high risk for the development of labored breathing, exercise intolerance, and syncope, therefore, careful monitoring for these signs is recommended.

**SEX**

FS

**AGE**

12 y

Callie's current medications are appropriate based on this exam, as is therapy with hydrocodone (1.25 mg PRN, up to every 6 hours).

**WEIGHT**

124 lb

A recheck echocardiogram is in 6 months to monitor for disease progression. Thoracic radiographs are recommended if clinical signs compatible with congestive heart failure develop.

**HOSPITAL NAME**

Swart Veterinary  
Imaging

**REFERRING VET**

Dr. Swart



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PATIENT

Callie Sue Edwards

SPECIES

Keith Blass, DVM, MS, DACVIM (Cardiology)  
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631-804-5754

BREED

Dachshund

SEX

FS

AGE

12 y

WEIGHT

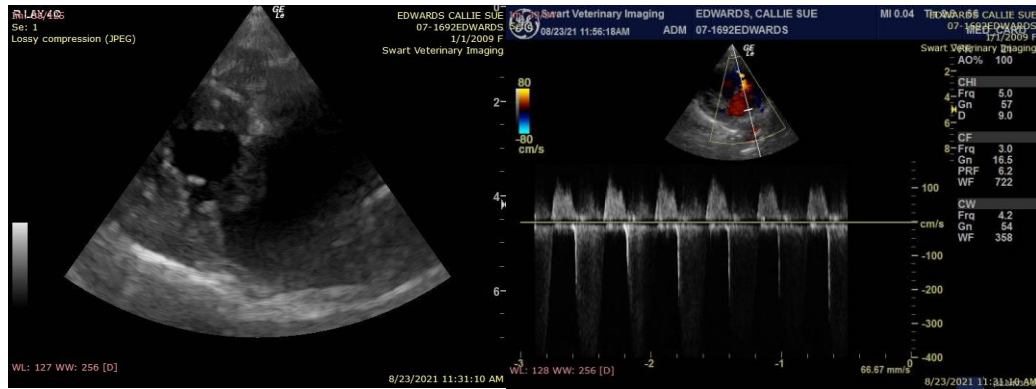
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.