


PRESENTING CLINICAL SIGNS

DATE History: Cough that has improved but not resolved with pimobendan (2.5 mg am, 1.25 mg pm) and benazepril (2.5 mg SID). BNP 1137.

8/24/23

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Sara Hansen

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

There is mild to moderate left atrial dilation. The mitral valve leaflets are thickened and exhibit systolic prolapse. A moderate jet of mitral regurgitation is present. There is moderate left ventricular dilation. Left ventricular systolic function is mildly hyperdynamic. The aorta and aortic valve appear normal, though trace aortic insufficiency is present. Right atrial and right ventricular dimensions are normal. The tricuspid valve leaflets are mildly thickened, and there is mild tricuspid regurgitation present. TR velocity does not suggest the presence of pulmonary hypertension. 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.

PATIENT

Jolly McNair

LA - 29.8 mm
LVIDd - 32.3 mm
LVIDs - 18.3 mm
FS - 43.3%
RA - 14.2 mm
LVOT - 1.31 m/s
RVOT - 0.75 m/s
TR - 2.77 m/s

SPECIES

Canine

ELECTROCARDIOGRAPHIC FINDINGS

A single lead ECG is submitted for review.

BREED

Poodle Mix

HR: 158 bpm
Rhythm: Sinus

Sinus tachycardia is present throughout this recording. All complex amplitudes and intervals are within normal limits. No premature beats or conduction blocks are seen.

SEX
MN
ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease

AGE

13 y

This examination demonstrates regurgitation of blood across Jolly's mitral and tricuspid valves resulting from degenerative valve disease. Jolly's tricuspid valve disease is mild, and appears to be well-compensated at this time. His mitral valve disease is more advanced, as Jolly has moderate mitral regurgitation present, with mild to moderate secondary dilation of his left atrium and moderate dilation of his left ventricle, though his left ventricular systolic function is well-preserved. It's possible that mainstem bronchial compression could be contributing to Jolly's cough, though given the absence of more significant left atrial dilation, a concurrent respiratory contribution to the cough, such as dynamic tracheal collapse or inflammatory airway disease, should be considered as well. Jolly's mitral valve disease puts him at risk for the development of exercise intolerance, syncope, and labored breathing, therefore, careful monitoring for these is recommended.

WEIGHT

13 lb

HOSPITAL NAME

The Veterinary
Hospital

No abnormalities are appreciated in Jolly's ECG.

REFERRING VET

Dr. Johnson

Jolly's current cardiac medications are warranted based on this exam, and I recommend treating his persistent cough with hydrocodone (1.25-2.5 mg PRN, up to every 6 hours). Should his cough



persist, a trial with furosemide (6.25 mg BID) can be considered.

DATE

8/24/23

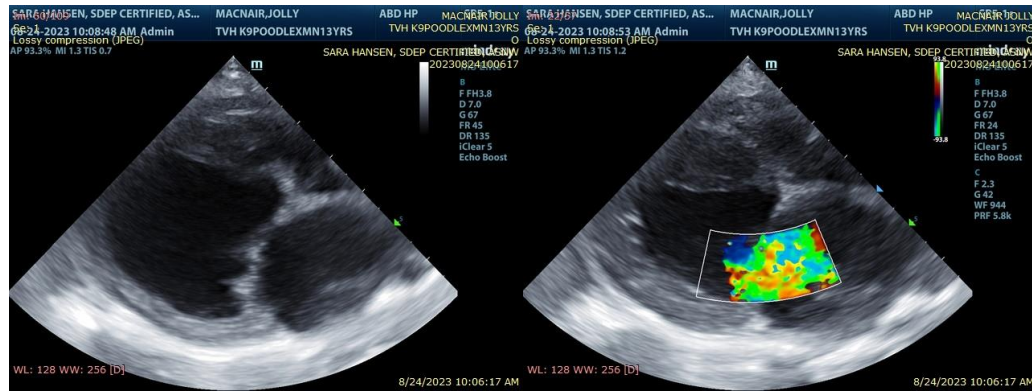
A recheck echocardiogram is recommended in 9 months. Thoracic radiographs are recommended if Jolly experiences difficulty breathing.

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PATIENT

Jolly McNair

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.

SPECIES

Canine

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.

BREED

Poodle Mix

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

SEX

MN

AGE

13 y

WEIGHT

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HOSPITAL NAME

The Veterinary
Hospital

REFERRING VET

Dr. Johnson