


PRESENTING CLINICAL SIGNS

DATE History: Grade IV/VI murmur. Cough. Previously diagnosed with degenerative valve disease. Increased RR at rest. BUN 49, Cr 2.4.

8/25/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Dr. Meredith Swart

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

There is moderate left atrial dilation. The mitral valve leaflets are thickened and exhibit systolic prolapse. There is Doppler evidence of mitral regurgitation present. There is moderate left ventricular dilation. Left ventricular systolic function is mildly hyperdynamic. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve appears normal, though trace tricuspid regurgitation is present. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No heartworms are visualized. Scant pericardial effusion is present. No cardiac masses are seen.

PATIENT

Buddy Lippe

LA - 36.5 mm
LVIDd - 34.0 mm
LVIDs - 19.2 mm
FS - 43.5%
RA - 19.0 mm
LVOT - 0.84 m/s
RVOT - 0.70 m/s

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral valve disease

BREED

Chihuahua Mix

This examination demonstrates regurgitation of blood across Buddy's mitral valve resulting from degenerative valve disease. Secondary to his regurgitation, Buddy has moderate dilation of both his left atrium and left ventricle, though his left ventricular systolic function is well-preserved. Given the presence of moderate left heart chamber dilation, I am concerned that Buddy's elevated respiratory rate is due to the development of congestive heart failure, especially considering that scant pericardial effusion is present in this exam, and it's likely that mainstem bronchial compression is contributing to his cough.

SEX

MN

Thoracic radiographs are recommended to evaluate Buddy's cough and to determine whether cardiogenic pulmonary edema is present.

AGE

14 y

Recommended therapy based on Buddy's echocardiogram includes pimobendan (2.5 mg am, 1.25 mg pm) and hydrocodone (2.5 mg PRN, up to every 6 hours). Should radiographs indicate the presence of cardiogenic pulmonary edema, additional therapy with furosemide (lowest effective dose given the presence of azotemia, ex. 1 mg/kg BID) would be warranted.

WEIGHT

15.4 lb

Recheck radiographs and a renal/electrolyte profile are recommended in 1 week if furosemide is started. A recheck echocardiogram is recommended in 6 months.

HOSPITAL NAME

Swart Veterinary
Imaging

REFERRING VET

Dr. Swart



DATE

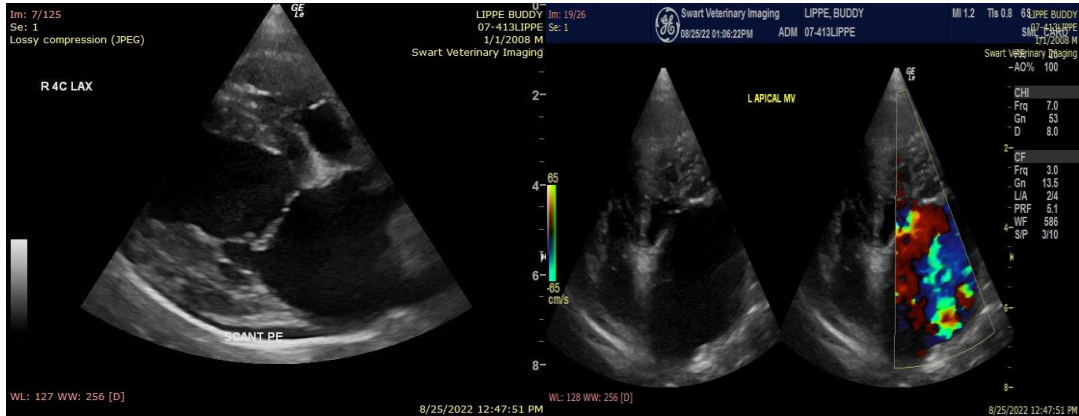
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

PATIENT

Buddy Lippe

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.

SPECIES

Keith Blass, DVM, MS, DACVIM (Cardiology)
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