


**PRESENTING CLINICAL SIGNS**

History: Choking/throwing up and breathing issues. No murmur. Lung auscultation normal.

**DATE**

8/5/22

**ECHOCARDIOGRAPHIC FINDINGS**

2D, M-mode, and Doppler study.

**PERFORMED BY:**

Rachel Runnells, RVT

**INTERPRETED BY**

 Keith Blass, DVM,  
 MS, DACVIM  
 (Cardiology)

Left atrial size is normal. The mitral valve is normal. Left ventricular dimensions are normal. Left ventricular systolic function is normal. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve appears normal, though very mild tricuspid regurgitation is present. TR velocity does not suggest the presence of pulmonary hypertension. The pulmonary artery and pulmonic valve appear normal, though trace pulmonic insufficiency is present. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

**PATIENT**

Charlie Jones

LA - 30.1 mm  
 LVIDd - 32.6 mm  
 LVIDs - 22.7 mm  
 FS - 30.4%  
 RA - 27.4 mm  
 LVOT - 1.30 m/s  
 RVOT - 0.93 m/s  
 TR - 2.65 m/s

**ELECTROCARDIOGRAPHIC FINDINGS**

A single lead ECG is submitted for review.

**SPECIES**

Canine

HR: 130 bpm  
 Rhythm: Sinus

**BREED**

Mixed

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

**RADIOGRAPHIC FINDINGS**

Three-view thoracic radiographs are submitted for review.

**SEX**

MN

The cardiac silhouette is normal in size, with no specific chamber enlargement present. The pulmonary vessels are within normal limits. The pulmonary parenchyma and pleural space are within normal limits. The trachea is normal. Spondylosis deformans is present spanning T5-T6. The remainder of the thorax is unremarkable.

**AGE**

9 y

**ASSESSMENT/RECOMMENDATIONS**

Degenerative tricuspid valve disease

**WEIGHT**

55 lb

The only abnormality seen in Charlie's echocardiogram is very mild regurgitation of blood across his tricuspid valve resulting from early-stage degenerative valve disease. The hemodynamic effects of the regurgitation are negligible, and Charlie's risk for the development of clinical signs secondary to the regurgitation is very low.

**HOSPITAL NAME**

SVS Imaging KC

No reason for Charlie's current clinical signs is appreciated in these exams, as his ECG is normal and the only abnormality seen in his radiographs is mild spondylosis.

No therapy is recommended based on these exams.

**REFERRING VET**

Dr. Lyle

A recheck echocardiogram is recommended in 9 months.



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PATIENT

Charlie Jones

SPECIES

Keith Blass, DVM, MS, DACVIM (Cardiology)

Canine

KeithBlass@gmail.com  
631-804-5754

BREED

Mixed

SEX

MN

AGE

9 y

WEIGHT

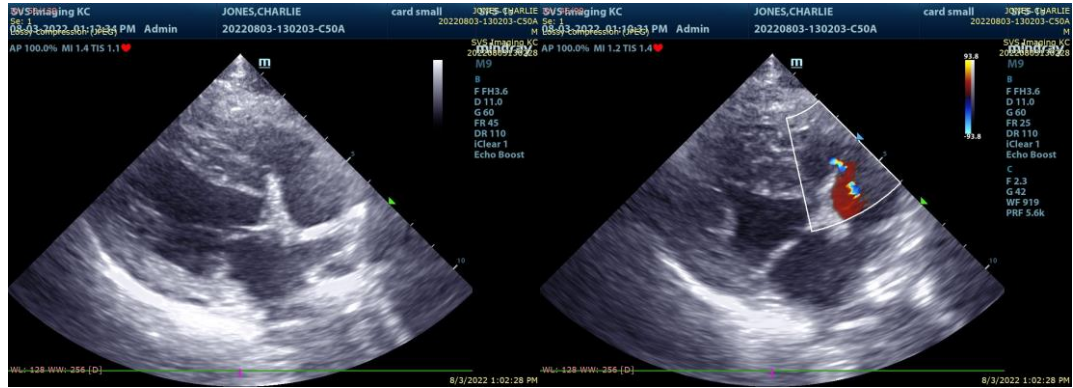
55 lb

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Lyle



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.