



PRESENTING CLINICAL SIGNS

History: Presented to ER for wobbling, ataxia, tachycardia. ECG showed atrial fibrillation. AUS showed peritoneal effusion. Given furosemide 62 mg and pimobendan 10 mg.

DATE

8/5/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Kim Liedberg

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

There is moderate left atrial dilation. The mitral valve leaflets are mildly thickened, and there is Doppler evidence of mitral regurgitation present. There is mild left ventricular dilation. Left ventricular systolic function is mildly depressed. 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 appear normal, though trace pulmonic insufficiency is present. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

LA – 55.0 mm
LA/Ao – 2.0
LVIDd – 51.6 mm
LVIDs – 40.6 mm
FS – 21.3%
LVOT – 1.30 m/s
RVOT – 0.90 m/s

PATIENT

Pria Velazquez

SPECIES ASSESSMENT/RECOMMENDATIONS

Dilated cardiomyopathy (DCM)

Canine

BREED

Doberman Pinscher

This examination demonstrates mild depression of Pria's left ventricular systolic function, consistent with DCM. Given her breed, Pria likely suffers from a genetic-based form of the disease, however, consideration should be given to the presence of a diet-associated cardiomyopathy if Pria has been receiving one that has been linked to the development of myocardial dysfunction (ex. grain-free). Secondary to her dysfunction, Pria has moderate dilation of her left atrium and mild dilation of her left ventricle. Given this, Pria is at risk for the development of left-sided congestive heart failure, exercise intolerance, and syncope, therefore, careful monitoring for these is recommended.

SEX

FS

Pria's wobbling/ataxia is likely secondary to the development of atrial fibrillation, and, while she does not have dilation of her right heart chambers, atrial fibrillation commonly results in right-sided congestive heart failure, which is likely the cause of her peritoneal effusion.

AGE

Abdominocentesis is recommended if significant peritoneal effusion is present.

9 y

A switch to a traditional grain-based diet is recommended if Pria is receiving one that has been linked to the development of myocardial dysfunction in dogs, as is a whole blood taurine level (1000 mg of taurine BID should be given if a deficiency is present).

WEIGHT

69 lb

Recommended therapy for Pria's structural heart disease/congestive heart failure includes furosemide (62.5 mg BID), enalapril (15 mg BID), pimobendan (10 mg BID), and spironolactone (37.5 mg BID). Recommended initial therapy for Pria's atrial fibrillation is diltiazem (30 mg TID), with the goal of therapy being a reduction of her average in-hospital heart rate to less than ~145 bpm.

HOSPITAL NAME

SVS Imaging WI

A recheck physical exam, renal/electrolyte profile, and ECG are recommended in 2 weeks. A recheck echocardiogram is recommended in 6 months.

REFERRING VET

Dr. Sevde



DATE

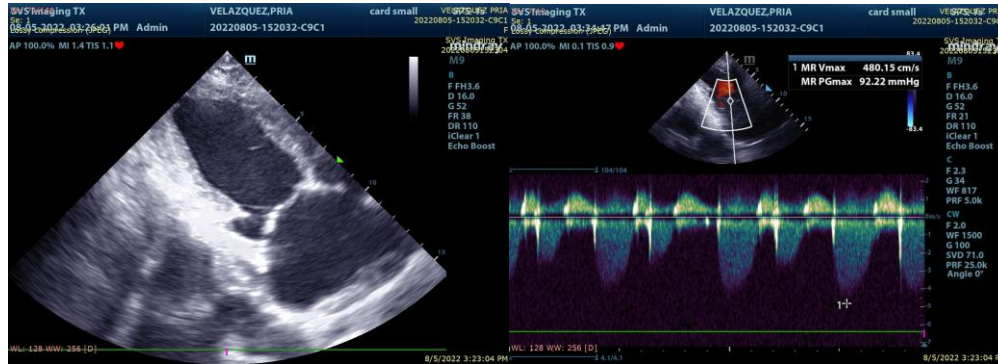
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

PATIENT

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.

Pria Velazquez

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

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