
PRESENTING CLINICAL SIGNS
DATE

History: Murmur, possibly congenital. Started coughing on 8/20/21, may have had syncopal episode this weekend. Radiographs show mild cardiomegaly, no pulmonary edema. Started on furosemide 10 mg BID pending echo results.

9/1/21

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Shari Reffi, CVT

The left atrium is mildly underfilled. The mitral valve appears normal, though trace mitral regurgitation is present. The left ventricle is underfilled. Left ventricular systolic function is normal. The aorta and aortic valve are normal. There is moderate right atrial and right ventricular dilation. The tricuspid valve leaflets are thickened, and a moderate jet of tricuspid regurgitation is present. TR velocity is consistent with the presence of severe pulmonary hypertension (PG 128 mmHg). There is flattening of the interventricular septum. The pulmonary artery and pulmonic valve are normal. No pericardial effusion or cardiac masses are seen.

INTERPRETED BY

 Keith Blass, DVM,
 MS, DACVIM
 (Cardiology)

ECG during echo: Sinus rhythm

PATIENT

Bailey Fetchko

 LA – 22.9 mm
 LVIDd – 16.9 mm
 LVIDs – 10.0 mm
 FS – 40.8%
 RA – 27.5 mm
 LVOT – 1.38 m/s
 RVOT – 1.52 m/s
 TR – 5.67 m/s

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS
BREED

Shih Tzu

 Degenerative tricuspid valve disease vs. tricuspid valve dysplasia
 Pulmonary hypertension

SEX
MN
AGE

7 y

This examination demonstrates moderate regurgitation of blood across Bailey's tricuspid valve. This could potentially be due to the presence of degenerative valve disease, however, given that Bailey's murmur has been present since birth, consideration should also be given to the presence of valvular dysplasia. As, or even more importantly, Bailey's regurgitation velocity is consistent with the presence of severe pulmonary hypertension. Secondary to both diseases, Bailey has moderate dilation of his right heart chambers, indicating that he is at risk for the development of right-sided congestive heart failure, and it's likely that Bailey's pulmonary hypertension is the cause of his syncopal episode.

No reason for Bailey's cough is appreciated in this exam. It's likely that the cough is secondary to a primary respiratory abnormality, and it's possible that this abnormality could also be the cause of Bailey's pulmonary hypertension.

WEIGHT

16.7 lb

Recommended therapy for Bailey's tricuspid valve disease at this time is pimobendan (2.5 mg BID), while recommended therapy for his pulmonary hypertension is sildenafil (20 mg morning and evening, 10 mg midday). As for furosemide, this medication would be indicated if Bailey develops right-sided congestive heart failure.

HOSPITAL NAME

Fredon AH

A focused recheck echocardiogram is recommended in 2-4 weeks to reevaluate the severity of Bailey's pulmonary hypertension in response to therapy.

REFERRING VET

Dr. Grau



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9/1/21

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PATIENT

Bailey Fetchko

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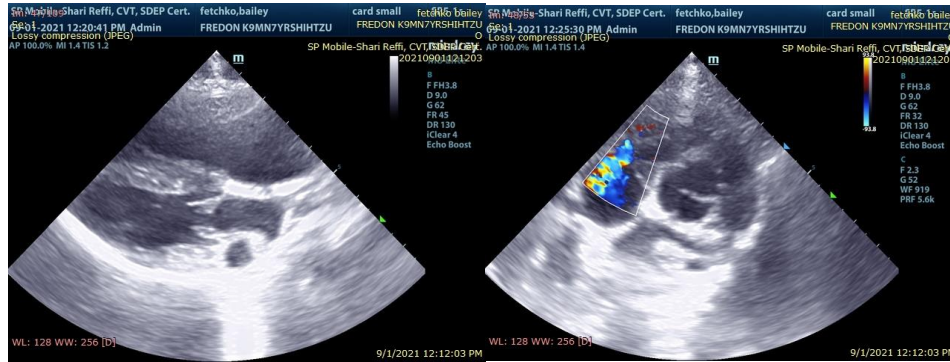
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HOSPITAL NAME

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Dr. Grau



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.

Keith Blass, DVM, MS, DACVIM (Cardiology)

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