


**PRESENTING CLINICAL SIGNS**

**DATE** History: Possible mild cardiomegaly seen in radiographs. Decreased appetite, ADR, vomiting. Sedated for exam with acepromazine and butorphanol.

9/1/22

**ECHOCARDIOGRAPHIC FINDINGS**

2D, M-mode, and Doppler study.

**PERFORMED BY:**

Loetitia Saint-Jacques, RVT, LVT

**INTERPRETED BY**

Keith Blass, DVM, MS, DACVIM (Cardiology)

Left atrial size is normal. The mitral valve appears normal, though a mild jet of centrally-directed mitral regurgitation is present. There is borderline mild left ventricular dilation. Left ventricular systolic function is moderately depressed. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve appears normal, though mild tricuspid regurgitation is 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.

LA - 44.3 mm  
 LVIDd - 50.0 mm  
 LVIDs - 41.3 mm  
 FS - 17.4%  
 RA - 35.2 mm  
 LVOT - 1.17 m/s  
 RVOT - 0.72 m/s  
 TR - 2.21 m/s

**PATIENT**

Joaquin Rivers

**SPECIES**

Canine

**ASSESSMENT/RECOMMENDATIONS**
**BREED**

Labrador Retriever

This examination demonstrates moderate depression of Joaquin's left ventricular systolic function. Given that his dexmedetomidine was reversed 8 hours prior to the echocardiogram, it appears unlikely that Joaquin's myocardial dysfunction is a transient side effect of the medication, though consideration can be given to reevaluate his function in the complete absence of dexmedetomidine administration. If persistent myocardial dysfunction is present, likely differentials include primary dilated cardiomyopathy (DCM) and a secondary cardiomyopathy (ex. diet-associated, myocarditis). The backward hemodynamic effects of Joaquin's myocardial dysfunction appear to be fairly mild, as he has only borderline mild secondary dilation of his left ventricle, and his left atrial size is normal. Given this, Joaquin's current risk for the development of left-sided congestive heart failure appears to be low. His risk for the development of signs of low cardiac output, such as exercise intolerance and syncope, as well as arrhythmia formation, appears to be higher, therefore, careful monitoring for these is recommended.

**SEX**

MN

**AGE**

6 y

Evaluation of Joaquin's diet is recommended, and a switch to a traditional grain-based diet is recommended if he is receiving one that has been linked to the development of myocardial dysfunction in dogs. A taurine level is recommended, and taurine supplementation (1000 mg BID) should be given if a deficiency is documented.

**WEIGHT**

92 lb

Recommended therapy to help support Joaquin's myocardial function includes pimobendan (10 mg BID) and enalapril (20 mg BID). Avoidance of high intensity exercise is recommended.

**HOSPITAL NAME**

Brighton Greens VH

A renal/electrolyte profile is recommended in 1-2 weeks. A recheck echocardiogram is recommended in 6 months.

**REFERRING VET**

Dr. Janeway



DATE

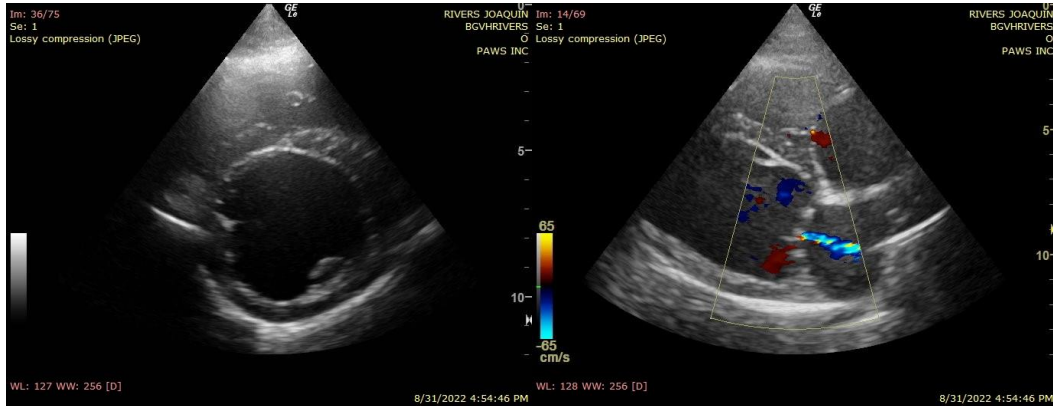
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

PATIENT

Joaquin Rivers

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

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Canine

BREED

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