



RESENTING CLINICAL SIGNS

DATE History: New murmur. Asymptomatic.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Dr. Meredith Swart

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

Left atrial size is normal. The mitral valve leaflets are mildly thickened, and there is Doppler evidence of mitral regurgitation present. 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 trace tricuspid regurgitation is present. 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 - 27.5 mm
LVIDd - 27.3 mm
LVIDs - 17.5 mm
FS - 35.9%
RA - 21.5 mm
LVOT - 0.65 m/s
RVOT - 0.86 m/s

PATIENT

Jake Bartlett

SPECIES

Canine

BREED

Chihuahua Mix

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral valve disease

This examination demonstrates regurgitation of blood across Jake's mitral valve resulting from degenerative valve disease. The hemodynamic effects of the regurgitation appear to be mild, as Jake does not have secondary dilation of either of his left heart chambers, and his left ventricular systolic function is normal. As such, Jake's mitral valve disease appears to be well-compensated, and his current risk for the development of clinical signs of left-sided cardiac dysfunction (ex. coughing, exercise intolerance, syncope, labored breathing) appears to be low.

No therapy is recommended at this stage of disease.

SEX

A recheck echocardiogram is recommended in ~6 months, sooner if new clinical signs compatible with cardiac dysfunction develop.

MN

AGE

13 y

WEIGHT

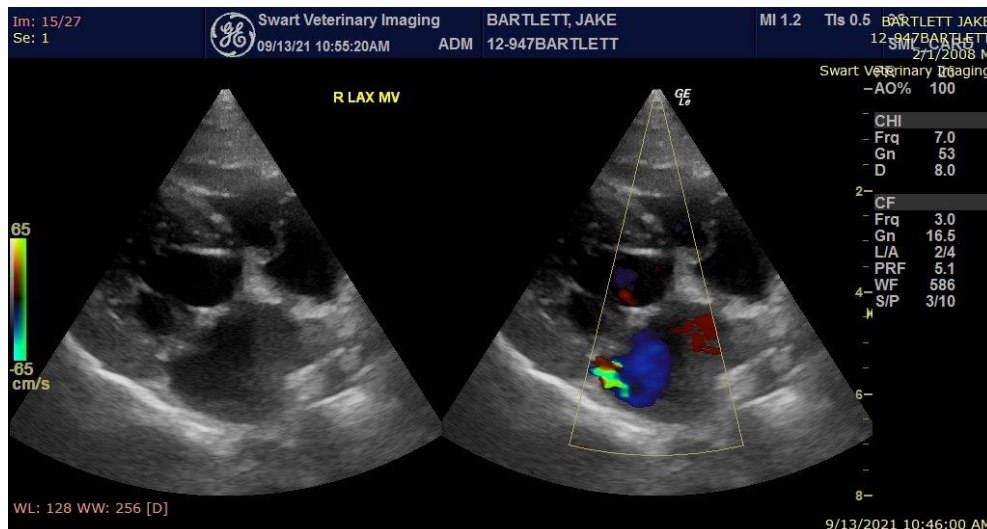
16 lb

HOSPITAL NAME

Swart Veterinary
Imaging

REFERRING VET

Dr. Swart





DATE 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.

9/13/21

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.

PERFORMED BY:

Dr. Meredith Swart

Keith Blass, DVM, MS, DACVIM (Cardiology)

INTERPRETED BY

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