



RESENTING CLINICAL SIGNS

History: Grade 2/6 murmur. Asymptomatic.

DATE

9/16/21

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Dr. Brian Barnes

Left atrial size is normal. The mitral valve leaflets are thickened and exhibit mild systolic prolapse. 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 leaflets are thickened, and there is Doppler evidence of tricuspid regurgitation 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.

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

ECG during echo: Sinus arrhythmia

PATIENT

Harry Amato

LA - 24.8 mm
LVIDd - 21.9 mm
LVIDs - 13.3 mm
FS - 39%
LVOT - 1.06 m/s
RVOT - 0.84 m/s
TR - 2.70 m/s

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease

BREED

Chinese Crested Mix

This examination demonstrates regurgitation of blood across Harry's mitral and tricuspid valves resulting from degenerative valve disease. The hemodynamic effects of each of the regurgitations appear to be mild, as Harry does not have secondary dilation of any of his cardiac chambers. As such, Harry's valvular diseases appear to be well-compensated, and his current risk for the development of clinical signs secondary to them appears to be low.

SEX

No therapy is recommended at this stage of Harry's valvular diseases.

MN

A recheck echocardiogram is recommended in 6 months to monitor for disease progression.

AGE

11 y

WEIGHT

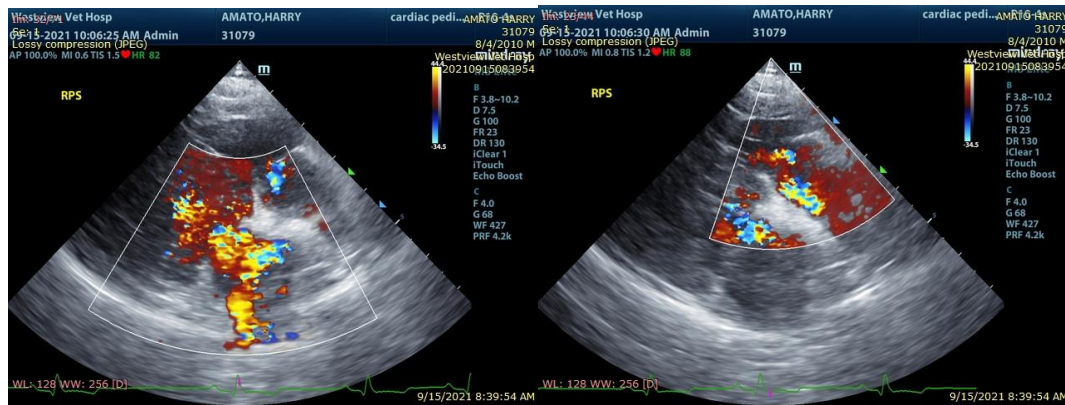
7.3 kg

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Barnes



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.

DATE

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

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