



**DATE** **PRESENTING CLINICAL SIGNS**  
 History: New grade 3/6 murmur. Pre-anesthetic evaluation (dental).

1/13/23  
**ECHOCARDIOGRAPHIC FINDINGS**  
 2D, M-mode, and Doppler study.

**PERFORMED BY:** 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 appear normal, though trivial aortic insufficiency is present. 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.

Sands Hill MVU

**INTERPRETED BY**

Keith Blass, DVM,  
 MS, DACVIM  
 (Cardiology)

ECG during echo: Sinus rhythm

**PATIENT**  
 LA - 41.0 mm  
 LVIDd - 43.0 mm  
 LVIDs - 28.7 mm  
 FS - 33.3%  
 RA - 22.1 mm  
 LVOT - 1.12 m/s  
 RVOT - 0.75 m/s

Walter Edstrom

**SPECIES**

Canine

**ASSESSMENT/RECOMMENDATIONS**  
 Degenerative mitral valve disease

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

Australian Shepherd

**SEX**

**MN**

Walter's cardiovascular risk for general anesthesia is mildly increased based on this exam, therefore, some precautions should be taken in order to minimize this risk. I recommend avoiding the use of alpha-2 agonists in the anesthetic protocol, as well as reducing the IV fluid rate by 25%. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

**AGE**

9 y

No therapy is recommended at this stage of disease.

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

50.4 lb

**HOSPITAL NAME**

Sands Hill Mobile  
 Veterinary  
 Ultrasound

**REFERRING VET**

Dr. Calo



DATE

1/13/23

PERFORMED BY:

Sands Hill MVU

INTERPRETED BY

Keith Blass, DVM,  
MS, DACVIM  
(Cardiology)



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

Walter Edstrom

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.

SPECIES

Keith Blass, DVM, MS, DACVIM (Cardiology)  
KeithBlass@gmail.com  
631-804-5754

Canine

BREED

Australian Shepherd

SEX

MN

AGE

9 y

WEIGHT

50.4 lb

HOSPITAL NAME

Sands Hill Mobile  
Veterinary  
Ultrasound

REFERRING VET

Dr. Calo