


PRESENTING CLINICAL SIGNS

History: New grade 2/6 murmur. Pre-anesthetic evaluation (spay).

DATE

1/16/23

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Jessica Miller

INTERPRETED BY

 Keith Blass, DVM,
 MS, DACVIM
 (Cardiology)

Left atrial size is normal. The mitral valve appears normal, though trace mitral regurgitation is present. Left ventricular dimensions are normal. Left ventricular systolic function is normal. The left ventricular outflow tract, aorta, aortic valve appear normal, though there is mildly increased flow velocity in the ascending aorta. Right atrial and right ventricular dimensions are normal. The tricuspid valve appears normal, though very 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 pericardial effusion or cardiac masses are seen.

LA - 34.1 mm
 LVIDd - 35.0 mm
 LVIDs - 18.1 mm
 FS - 48%
 RA - 28.1 mm
 LVOT - 2.64 m/s
 RVOT - 1.76 m/s
 TR - 2.79 m/s

PATIENT

Nova Cruz

SPECIES

Canine

BREED

Mixed

SEX

F

AGE

2 y 9 mo

WEIGHT

51.4 lb

HOSPITAL NAME

American AH

REFERRING VET

Dr. Stockmal

ASSESSMENT/RECOMMENDATIONS

This examination demonstrates mildly increased flow velocity in Nova's aorta. While I suspect that this represents a functional/innocent increased in velocity, the fact that it is above 2.5 m/s indicates that the presence of very mild subaortic stenosis (SAS) cannot be definitively ruled out. If SAS is present, it is so mild that it should never result in any hemodynamic or clinical impairment.

Also seen in this exam is very mild regurgitation of blood across Nova's tricuspid valve and trace regurgitation across her mitral valve. The hemodynamic effects of the regurgitations are negligible at present, though careful monitoring for progression is recommended.

Nova's cardiovascular risk for general anesthesia is low based on this exam, though I still recommend avoiding the use of alpha-2 agonists, ketamine, telazol, and acepromazine as a precaution given the possible presence of mild SAS. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

No therapy is recommended based on this exam.

A recheck echocardiogram is recommended in ~9 months.



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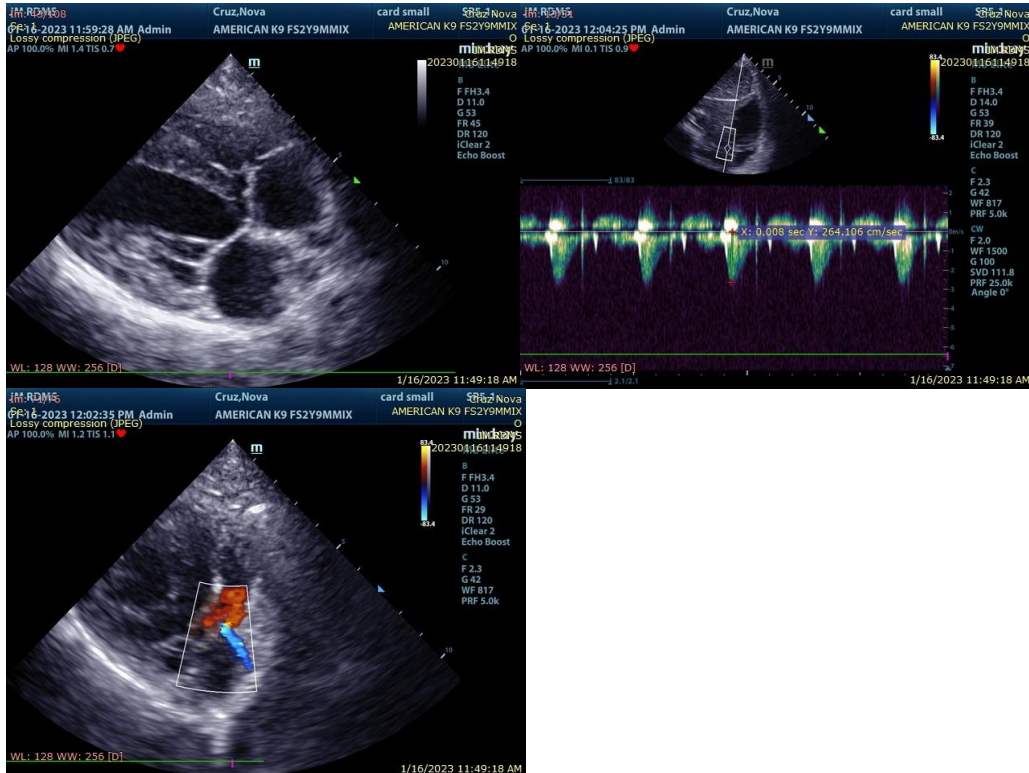
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Keith Blass, DVM, MS, DACVIM (Cardiology)
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