



PRESENTING CLINICAL SIGNS

History: Grade IV/VI murmur. Pre-anesthetic evaluation. Receiving pimobendan 2.5 mg BID, enalapril 5 mg BID, and spironolactone 12.5 mg BID.

DATE

1/26/23

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Shari Reffi, CVT

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

There is moderate to severe left atrial dilation. The mitral valve leaflets are thickened and exhibit mild systolic prolapse. A moderate to severe jet of eccentric mitral regurgitation is present. There is moderate to severe left ventricular dilation. Left ventricular systolic function is hyperdynamic. The aorta and aortic valve appear normal, though trace aortic insufficiency is present. Right atrial and right ventricular dimensions are normal. The tricuspid valve leaflets are mildly thickened, and a mild jet of 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.

PATIENT

Louie Cerqueria

LA - 41.6 mm
LVIDd - 41.5 mm
LVIDs - 21.9 mm
FS - 47%
RA - 24.1 mm
LVOT - 0.73 m/s
RVOT - 0.69 m/s
TR - 2.51 m/s

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease

BREED

Mixed

This examination demonstrates regurgitation of blood across Louie's mitral and tricuspid valves resulting from degenerative valve disease. Louie's tricuspid valve disease is mild, and appears to be well-compensated at this time. His mitral valve disease is more advanced, as Louie has moderate to severe mitral regurgitation present, with moderate to severe secondary dilation of both his left atrium and left ventricle, though his left ventricular systolic function is well-preserved. Louie's mitral valve disease is still compensated, however, its severity indicates that he is at high risk for the development of clinical signs secondary to it, such as coughing, exercise intolerance, syncope, and labored breathing, therefore, careful monitoring for these signs is recommended.

SEX

MN

AGE

12 y

Louie's cardiovascular risk for general anesthesia is moderately, approaching moderately to severely, increased based on this exam, therefore, precautions should be taken in order to minimize this risk. I recommend avoiding the use of alpha-2 agonists, ketamine, and telazol in the anesthetic protocol, reducing the IV fluid rate by 50%, and pre-oxygenating Louie for a few minutes prior to induction. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

WEIGHT

22.7 lb

No change therapy is recommended based on this exam.

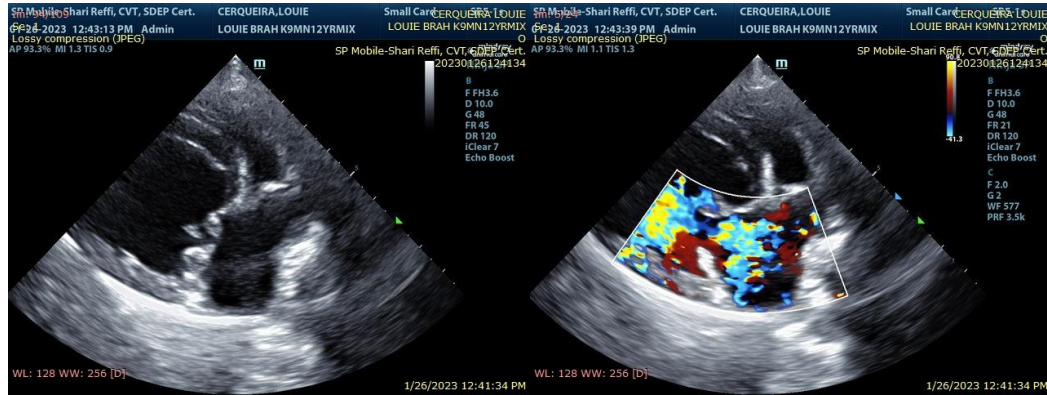
HOSPITAL NAME

Basking Ridge AH

A recheck echocardiogram is recommended in 6 months. Thoracic radiographs are recommended if Louie experiences respiratory clinical signs.

REFERRING VET

Dr. Hollo



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.

PATIENT

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.

Louie Cerqueira

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

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