


PRESENTING CLINICAL SIGNS

History: During anesthesia for a dental, HR plummeted. Atropine improved heart rate, but AV block was detected. No murmur.

DATE

1/27/23

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Kim Liedberg

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 hyperdynamic. 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. 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

Freese Montgomery

LA - 27.3 mm
 LVIDd - 28.2 mm
 LVIDs - 14.6 mm
 FS - 48%
 RA - 20.6 mm
 LVOT - 1.89 m/s
 RVOT - 1.25 m/s
 TR - 2.56 m/s

SPECIES

Canine

ELECTROCARDIOGRAPHIC FINDINGS

A single lead ECG is submitted for review.

HR: 107 bpm
 Rhythm: Sinus

BREED

Westie

Normal sinus rhythm is present throughout this recording. All complex amplitudes and intervals are within normal limits. No premature beats or conduction blocks are seen.

RADIOGRAPHIC FINDINGS
SEX

Three-view thoracic radiographs are submitted for review.

MN

The cardiac silhouette is normal in size, with no specific chamber enlargement present. The pulmonary vessels are within normal limits. The pulmonary parenchyma and pleural space are within normal limits. The trachea is normal. The remainder of the thorax is unremarkable.

AGE

8 y

ASSESSMENT/RECOMMENDATIONS
WEIGHT

20.3 lb

Freese's echocardiogram demonstrates no abnormalities, as trace regurgitation of blood across his mitral and tricuspid valves can be considered a normal physiologic variant. No abnormalities are appreciated in his ECG or thoracic radiographs, either, therefore, no reason for his AV block/bradycardia is appreciated in these exams. Freese's increase in heart rate in response to atropine suggests that his AV block may have been vagally-mediated, however, given his breed, the presence of some degree of sinus node dysfunction cannot be ruled out.

HOSPITAL NAME

SVS Imaging WI

I recommend avoiding the use of the same anesthetic protocol for future procedures. I also recommend pre-medicating Freese with atropine or glycopyrrolate, as well as avoiding the use of alpha-2 agonists in the anesthetic protocol. Additional doses of atropine/glycopyrrolate may be given as needed during the procedure.

REFERRING VET

Dr. Babicz



No therapy is recommended based on these exams.

DATE

A recheck echocardiogram is recommended if Freese develops a murmur, or if other new physical exam and/or clinical abnormalities suggestive of cardiac dysfunction develop.

1/27/23

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INTERPRETED BY

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MS, DACVIM
(Cardiology)

PATIENT

Freese Montgomery

SPECIES

Canine

BREED

Westie

SEX

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.

MN

AGE

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

8 y

WEIGHT

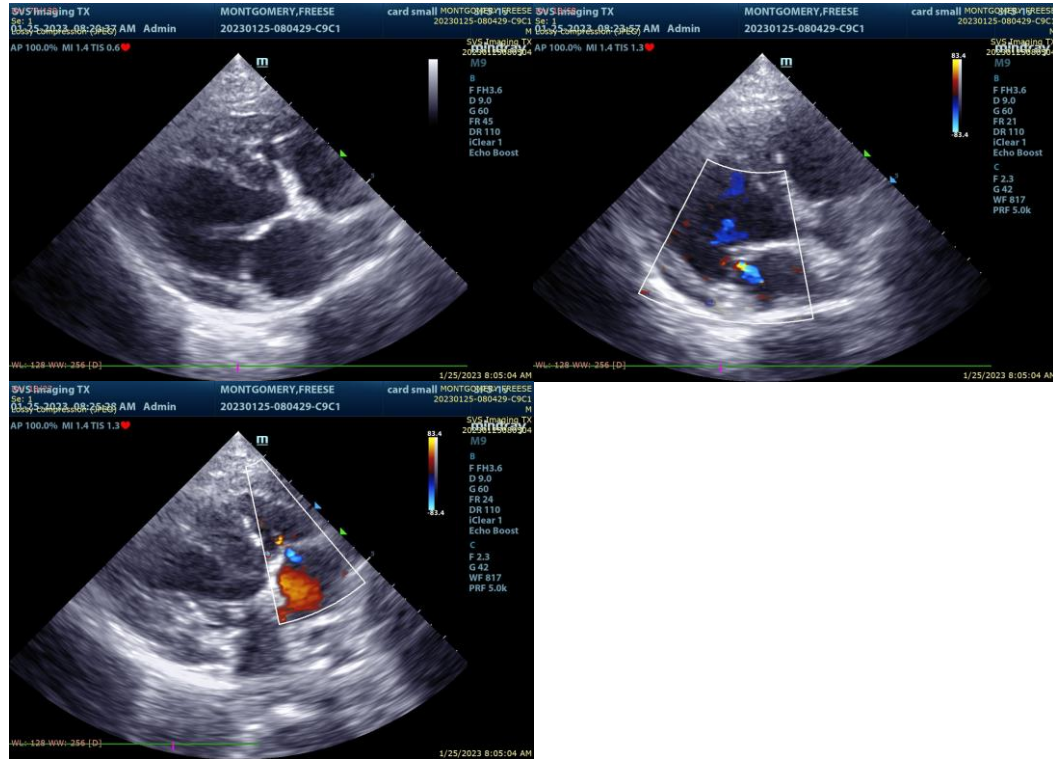
20.3 lb

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Babicz



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.