

PRESENTING CLINICAL SIGNS

History: Previously diagnosed with degenerative valve disease and mild LAE. Pre-anesthetic evaluation (dental).

DATE

1/3/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Kim Liedberg

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

There is moderate left atrial dilation. The mitral valve leaflets are thickened and exhibit systolic prolapse. There is Doppler evidence of mitral regurgitation present. There is moderate left ventricular dilation. 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. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

LA - 34.8 mm
LVIDd - 33.5 mm
LVIDs - 16.4 mm
FS - 51%
RA - 19.3 mm
LVOT - 1.21 m/s
RVOT - 0.89 m/s

PATIENT

Lucy Kidd

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral valve disease

BREED

Min. Schnauzer

This examination demonstrates progression of Lucy's mitral valve disease over the past 7 months, as she now has moderate dilation of both her left atrium and left ventricle. Lucy's mitral valve disease is still compensated, however, she is now at risk for the development of clinical signs, such as coughing, exercise intolerance, syncope, and labored breathing, therefore, careful monitoring for these signs is recommended.

SEX

FS

Lucy's cardiovascular risk for general anesthesia, especially her risk for fluid overload, is moderately 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, as well as reducing the IV fluid rate by 50%. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

AGE

9 y

I recommend starting Lucy on pimobendan (1.25 mg BID), as this medication should help to slow the progression of her mitral valve disease, as well as decrease her risk for anesthesia.

A recheck (X-ray +/- echocardiogram) is recommended in 6-9 months, sooner if new clinical signs compatible with cardiac dysfunction develop.

WEIGHT

12.7 lb

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Bloss



DATE

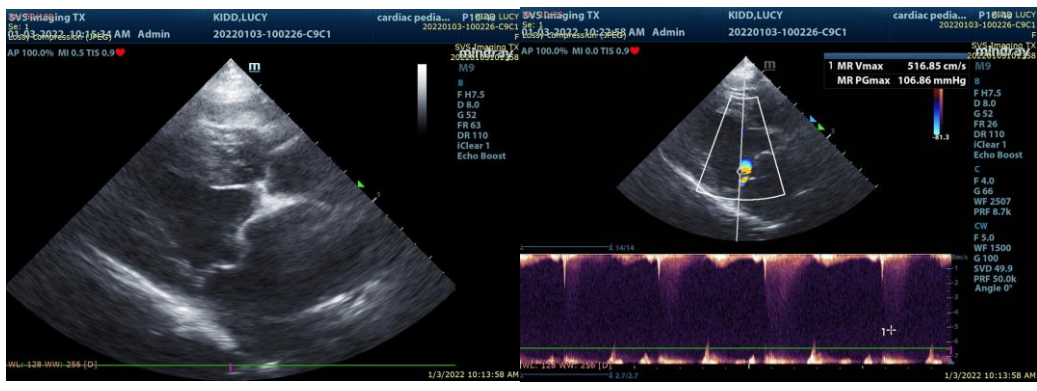
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Blass

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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