



DATE **PRESENTING CLINICAL SIGNS**
 1/4/22 History: New grade 2/6 left-sided murmur. Intermittent arrhythmia. Asymptomatic. Pre-anesthetic evaluation.

PERFORMED BY: **ECHOCARDIOGRAPHIC FINDINGS**
 Potomac Mobile Veterinary Ultrasound 2D, M-mode, and Doppler study.

INTERPRETED BY Left atrial size is normal. The mitral valve leaflets are mildly thickened, and a mild jet of eccentric mitral regurgitation is present. Left ventricular dimensions are normal, as is left ventricular systolic function. The aorta and aortic valve appear normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve is normal. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

Keith Blass, DVM, MS, DACVIM (Cardiology)
PATIENT LA - 39.0 mm
 LVIDd - 38.4 mm
 LVIDs - 23.1 mm
 FS - 39.8%
 RA - 27.0 mm
 LVOT - 1.23 m/s
 RVOT - 1.11 m/s
 Kona Gilliam

SPECIES **ELECTROCARDIOGRAPHIC FINDINGS**
 Canine A single lead ECG is submitted for review.
 HR: 57-120 bpm
 Rhythm: Sinus

BREED Normal sinus rhythm and sinus arrhythmia are present in this recording. All complex amplitudes and intervals are within normal limits. No premature beats or conduction blocks are seen.
 Hound Mix

SEX **ASSESSMENT/RECOMMENDATIONS**
 FS Degenerative mitral valve disease

AGE This examination demonstrates mild regurgitation of blood across Kona's mitral valve resulting from degenerative valve disease. The hemodynamic effects of the regurgitation also appear to be mild, as Kona does not have secondary dilation of either of her left heart chambers. As such, Kona's mitral valve disease appears to be well-compensated, and her current risk for the development of clinical signs secondary to it, such as coughing, exercise intolerance, syncope, and labored breathing, appears to be low.
 8 y

WEIGHT No pathologic arrhythmias are seen in Kona's ECG, as only normal sinus rhythm and sinus arrhythmia are present in the recording.
 69 lb

HOSPITAL NAME Kona's cardiovascular risk for general anesthesia is mildly increased based on these exams, 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.
 Banfield Fox Mill

REFERRING VET No therapy is recommended at this stage of Kona's mitral valve disease.
 Dr. Jarrett A recheck echocardiogram is recommended in 6 months to monitor for disease progression.



DATE

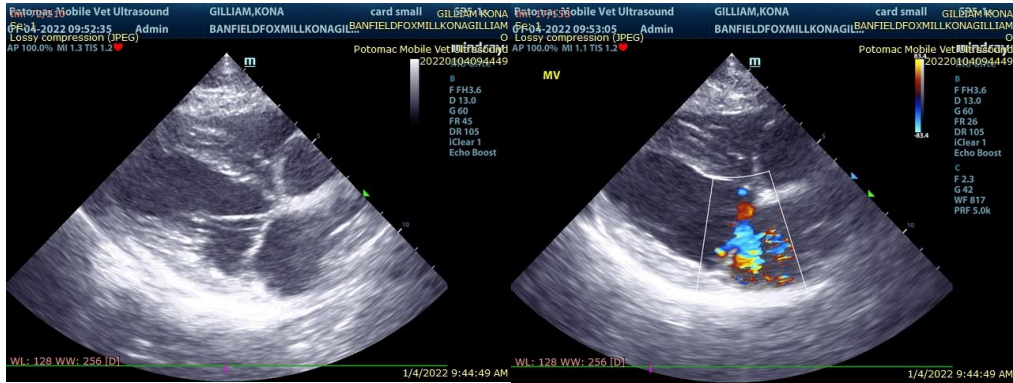
1/4/22

PERFORMED BY:

Potomac Mobile
Veterinary
Ultrasound

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

Kona Gilliam

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

Canine

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BREED

Hound Mix

SEX

FS

AGE

8 y

WEIGHT

69 lb

HOSPITAL NAME

Banfield Fox Mill

REFERRING VET

Dr. Jarrett