



**PRESENTING CLINICAL SIGNS**

History: Grade 2-3/6 murmur. Mid-abdominal mass, suspect splenic origin. Pre-anesthetic evaluation. CXR WNL.

**DATE**

1/4/23

**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 leaflets are mildly thickened, and a mild jet of eccentric 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 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 appear normal, though trace pulmonic insufficiency is present. No heartworms are visualized. No pericardial effusion or cardiac masses are seen.

**PATIENT**

Madison Chandani

LA - 27.1 mm  
LVIDd - 27.1 mm  
LVIDs - 14.8 mm  
FS - 45%  
RA - 18.6 mm  
LVOT - 1.20 m/s  
RVOT - 0.83 m/s  
TR - 2.57 m/s

**SPECIES**

Canine

**ASSESSMENT/RECOMMENDATIONS**

Degenerative mitral and tricuspid valve disease

**BREED**

Cavachon

This examination demonstrates mild regurgitation of blood across Madison's mitral and tricuspid valves resulting from degenerative valve disease. The hemodynamic effects of each of the regurgitations also appear to be mild, as Madison does not have secondary dilation of any of her cardiac chambers. As such, Madison's valvular diseases appear to be well-compensated, and her current risk for the development of clinical signs secondary to them appears to be low.

**SEX**

FS

No evidence of cardiac neoplasia is seen in this exam.

**AGE**

13 y

Madison's risk for anesthesia is only very mildly increased based on this exam. Having said that, splenectomies are associated with an increased risk for arrhythmia formation, therefore, precautions should be taken in order to minimize this risk. I recommend avoiding the use of alpha-2 agonists, ketamine, telazol, and, if possible, anticholinergics in the anesthetic protocol, as well as reducing the IV fluid rate by 25%. Lidocaine (2 mg/kg slow IV) should be available in case a significant ventricular arrhythmia develops during the procedure.

No therapy is recommended at this stage of Madison's valvular diseases.

**WEIGHT**

14.8 lb

A recheck echocardiogram is recommended in 6 months to monitor for disease progression.

**HOSPITAL NAME**

Cresskill AH

**REFERRING VET**

Dr. Khodari



DATE

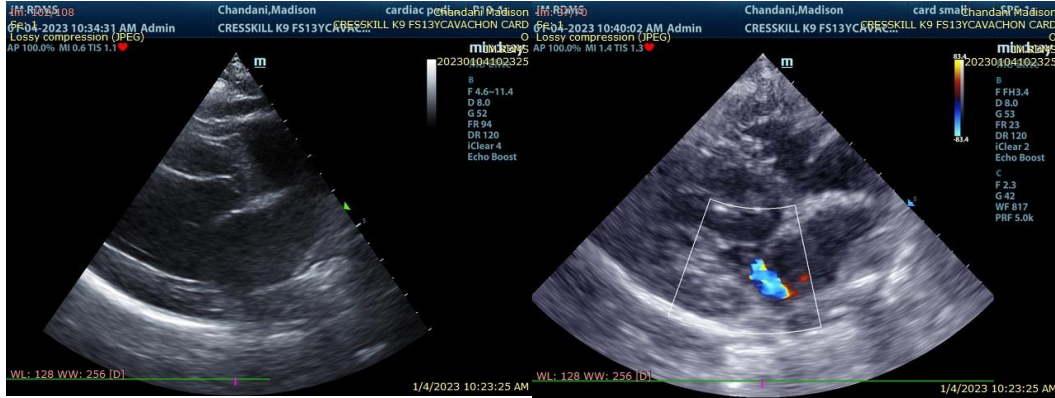
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(Cardiology)



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

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.

Madison Chandani

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

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