



PRESENTING CLINICAL SIGNS

History: Grade 5/6 murmur. History of degenerative valve disease. Pre-anesthetic evaluation. ECG – sinus arrhythmia. Receiving pimobendan 1.25 mg BID.

DATE

1/9/23

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study. This exam is compared to the one performed 1/24/22.

PERFORMED BY:

Rebekah Jakum

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

Left atrial size is normal. The mitral valve leaflets are thickened and exhibit systolic prolapse. A mild to moderate jet of eccentric mitral regurgitation is present. Left ventricular dimensions are normal. Left ventricular systolic function is hyperdynamic. The aorta and aortic valve appear normal, though there is mildly increased flow velocity in the ascending aorta. 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 appear normal, though trace pulmonic insufficiency is present. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

PATIENT

Cooper Giorgio

LA – 24.5 mm (prev. 22.0 mm)
LVIDd – 24.6 mm (prev. 22.4 mm)
LVIDs – 12.4 mm (prev. 10.0 mm)
FS – 49.6% (prev. 55.3%)
RA – 17.0 mm
LVOT – 2.15 m/s (prev. 2.13 m/s)
RVOT – 1.33 (prev. 1.42 m/s)

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral valve disease

BREED

Terrier Mix

This examination demonstrates very mild progression of Cooper’s mitral valve disease over the past year, as both his left atrial and left ventricular diameters have increased by ~2 millimeters. As Cooper still does not have secondary dilation of his left heart chambers, his mitral valve disease still appears to be well-compensated, and his current risk for the development of clinical signs secondary to it appears to be relatively low.

SEX

MN

Cooper’s cardiovascular risk for general anesthesia is mildly increased based on this exam, therefore, some 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 25%. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

AGE

13 y

No change in therapy is recommended at this time.

A recheck echocardiogram is recommended in 9-12 months. Thoracic radiographs are recommended if Cooper experiences respiratory clinical signs.

WEIGHT

14.8 lb

HOSPITAL NAME

Conrad Weiser AH

REFERRING VET

Dr. Mooney



DATE

1/9/23

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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.

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.

PATIENT

Cooper Giorgio

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

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