



PRESENTING CLINICAL SIGNS

History: Recheck DMVD. Doing well. Pre-anesthetic evaluation (dental). Sedated for exam with acepromazine and butorphanol.

DATE

10/20/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study. This exam is compared to the one performed 5/17/22.

PERFORMED BY:

Dr. Brian Barnes

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. There is borderline mild left ventricular dilation. Left ventricular systolic function is normal. The aorta and aortic valve appear normal, though trace aortic insufficiency is present. 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 appear normal, though trace pulmonic insufficiency is present. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus arrhythmia

PATIENT

Vader Christmann

LA – 43.4 mm (prev. 43.4 mm)
LVIDd – 44.8 mm (prev. 44.5 mm)
LVIDs – 31.2 mm (prev. 28.3 mm)
FS – 30.4% (prev. 36.4%)
LVOT – 1.55 m/s (prev. 1.22 m/s)
RVOT – 0.73 m/s (prev. 0.68 m/s)
TR – 2.01 m/s (prev. 1.83 m/s)

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral valve disease

BREED

Flat-Coated Retriever

This examination demonstrates no progression of Vader's mitral valve disease over the past 6 months. As such, his mitral valve disease still appears to be well-compensated, and Vader's current risk for the development of clinical signs of cardiac dysfunction still appears to be relatively low.

SEX

No therapy is recommended at this stage of Vader's mitral valve disease.

MN

Vader's cardiovascular risk for general anesthesia is mildly increased based on this exam, therefore, I recommend avoiding the use of alpha-2 agonists in the anesthetic protocol and reducing the IV fluid rate by 25% as precautions. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

AGE

12 y

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

WEIGHT

34 kg

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Barnes



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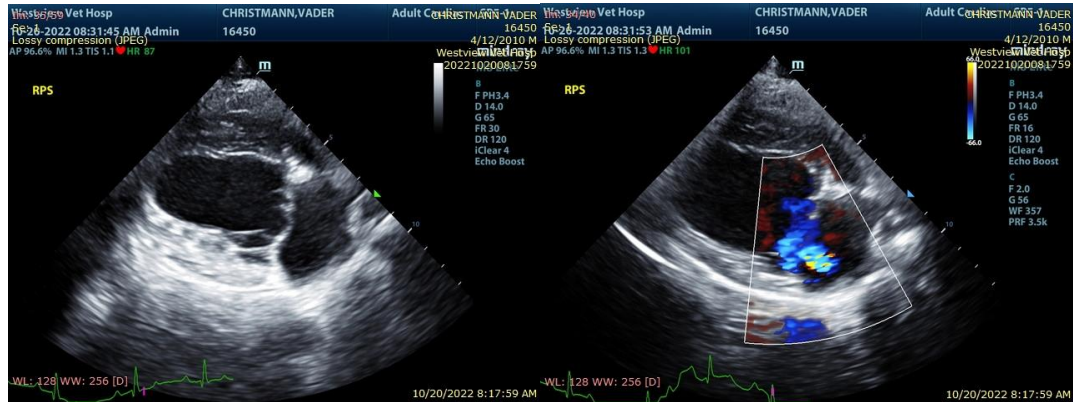
34 kg

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REFERRING VET

Dr. Barnes



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.

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