


PRESENTING CLINICAL SIGNS

History: Pre-anesthetic evaluation. Previous echo on 3/29/21 showed moderate to severe MR with LAE. Receiving pimobendan 1.25 mg BID and Standard Process Cardioplus.

DATE

10/7/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Sands Hill MVU

INTERPRETED BY

 Keith Blass, DVM,
 MS, DACVIM
 (Cardiology)

There is mild left atrial dilation. The mitral valve leaflets are thickened and exhibit systolic prolapse. There is Doppler evidence of mitral regurgitation present. There is mild 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.

ECG during echo: Sinus rhythm

PATIENT

Bandit Williams

 LA - 22.9 mm
 LVIDd - 25.3 mm
 LVIDs - 11.8 mm
 FS - 53%
 LVOT - 1.35 m/s
 RVOT - 1.40 m/s

SPECIES

Canine

BREED

Min. Pinscher

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral valve disease

This examination demonstrates regurgitation of blood across Bandit's mitral valve resulting from his previously diagnosed degenerative valve disease. Secondary to his regurgitation, Bandit has mild dilation of both his left atrium and left ventricle, though his left ventricular systolic function is well-preserved. As only mild left heart chamber dilation is present, Bandit's current risk for the development of clinical signs secondary to his disease, such as coughing, exercise intolerance, syncope, and labored breathing, appears to be relatively low, though careful monitoring for these signs is recommended.

SEX

MN

Bandit'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

14 y

No change therapy is recommended at this time.

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

WEIGHT

9.6 lb

HOSPITAL NAME

Sands Hill MVU

REFERRING VET

Dr. Rubendall



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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.

PATIENT

Bandit Williams

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

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

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