



PRESENTING CLINICAL SIGNS

History: Grade III/VI systolic murmur. Pre-anesthetic evaluation (cruciate repair).

DATE

11/11/21

ECHOCARDIOGRAPHIC FINDINGS

Multiple 2D, M-mode, and Doppler video loops and still images are submitted for review.

PERFORMED BY:

Dr. Alistair Westcott

There is mild left atrial dilation. The mitral valve leaflets are thickened, and a mild to moderate jet of eccentric mitral regurgitation is present. There is mild to moderate left ventricular dilation. There is borderline mild left ventricular systolic dysfunction. 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. The pulmonary artery and pulmonic valve are normal. No heartworms are visualized. No pericardial effusion or cardiac masses are seen.

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

ECG: Sinus rhythm

PATIENT

Jayda Johnson

LA - 46.2 mm
LA/Ao - 1.69
LVIDd - 49.4 mm
LVIDs - 37.5 mm
FS - 24%
LVOT - 1.13 m/s
RVOT - 0.71 m/s
TR - 2.13 m/s

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease

BREED

Golden Retriever

This examination demonstrates regurgitation of blood across Jayda's mitral and tricuspid valves resulting from degenerative valve disease. Jayda's tricuspid valve disease is mild, and is well-compensated at this time. Her mitral valve disease is a bit more advanced, as Jayda has mild to moderate mitral regurgitation present, with mild secondary dilation of her left atrium and mild to moderate dilation of her left ventricle. In addition, Jayda has borderline mild left ventricular systolic dysfunction. Given the absence of more advanced changes, Jayda's current risk for the development of clinical signs of left-sided cardiac dysfunction, such as coughing, exercise intolerance, syncope, and labored breathing, appears to be relatively low, though careful monitoring for these signs is recommended.

SEX

FS

AGE

9 y

Jayda's cardiovascular risk for general anesthesia is mildly to moderately 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 25-50%. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

WEIGHT

31.9 kg

I recommend starting Jayda on pimobendan (10 mg BID), as this medication should help to slow the progression of her valvular diseases, as well as decrease her risk for anesthesia.

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

HOSPITAL NAME

Dr. Alistair Westcott

REFERRING VET

Dr. Westcott



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PATIENT

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WEIGHT

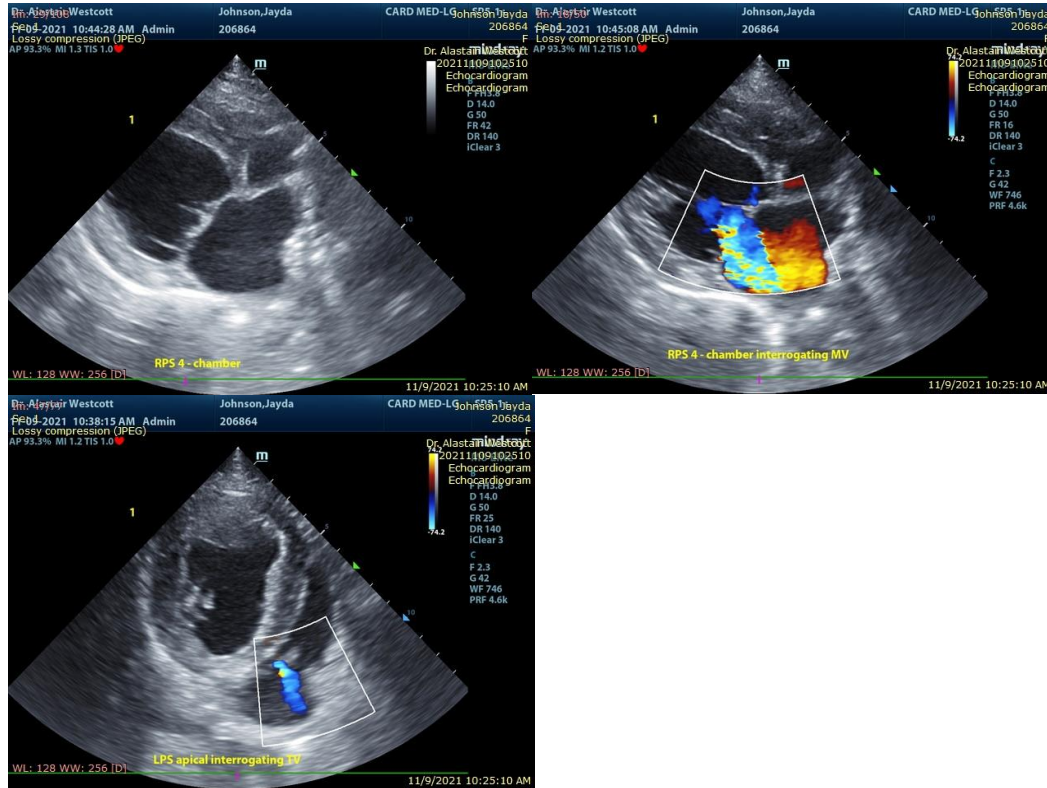
31.9 kg

HOSPITAL NAME

Dr. Alistair Westcott

REFERRING VET

Dr. Westcott



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