
PRESENTING CLINICAL SIGNS

History: Grade 3-4/6 murmur. Radiographs WNL. Pre-anesthetic evaluation (dental).

DATE

11/12/21

ECHOCARDIOGRAPHIC FINDINGS

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

PERFORMED BY:

Kim Liedberg

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 mildly hyperdynamic. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve appears normal, though trivial 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)

 LA - 20.6 mm
 LVIDd - 21.2 mm
 LVIDs - 12.0 mm
 FS - 43%
 LVOT - 0.87 m/s
 RVOT - 0.81 m/s

PATIENT

Reina Kane

ELECTROCARDIOGRAPHIC FINDINGS

A single lead ECG is submitted for review.

SPECIES

 HR: 134 bpm
 Rhythm: Sinus

Canine

Normal sinus rhythm is present throughout this recording. All complex amplitudes and intervals are within normal limits. No premature beats or conduction blocks are seen.

BREED

Chihuahua

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral valve disease

SEX

FS

This examination demonstrates mild regurgitation of blood across Reina's mitral valve resulting from degenerative valve disease. The hemodynamic effects of the regurgitation also appear to be mild, as Reina does not have secondary dilation of either of her left heart chambers, and her left ventricular systolic function is well-preserved. As such, Reina's mitral valve disease appears to be well-compensated, and her current risk for the development of clinical signs secondary to it appears to be low.

AGE

6 y

No abnormalities are appreciated in Reina's ECG.

Reina's cardiovascular risk for general anesthesia is very 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.

WEIGHT

9.35 lb

No therapy is recommended based on these exams.

HOSPITAL NAME

SVS Imaging WI

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

REFERRING VET

Dr. Wolff



DATE

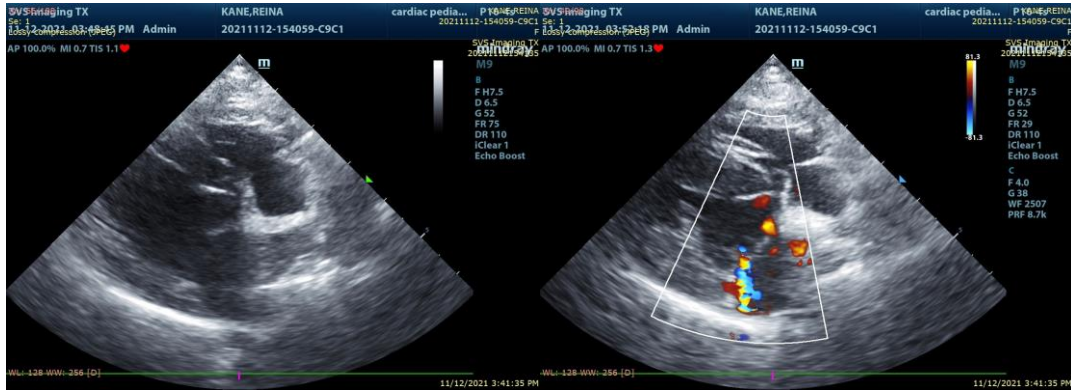
11/12/21

PERFORMED BY:

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MS, DACVIM
(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

Reina Kane

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

Canine

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

BREED

Chihuahua

SEX

FS

AGE

6 y

WEIGHT

9.35 lb

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Wolff