



**PRESENTING CLINICAL SIGNS**

History: Grade II/VI left-sided murmur. Asymptomatic. Receiving pimobendan 1.25 mg BID since June 2020. Pre-anesthetic evaluation (dental).

**DATE**

11/29/22

**ECHOCARDIOGRAPHIC FINDINGS**

2D, M-mode, and Doppler study.

**PERFORMED BY:**

Amy Mayhew, LVT

**INTERPRETED BY**

Keith Blass, DVM,  
MS, DACVIM  
(Cardiology)

Left atrial size is normal. The mitral valve leaflets are thickened and exhibit mild systolic prolapse. A mild jet of eccentric mitral regurgitation is present. Left ventricular dimensions are normal. Left ventricular systolic function is hyperdynamic. 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. TR velocity does not suggest the presence of pulmonary hypertension. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

**PATIENT**

Cody Linke

LA - 22.8 mm  
LVIDd - 22.0 mm  
LVIDs - 11.6 mm  
FS - 47%  
RA - 17.6 mm  
LVOT - 1.63 m/s  
RVOT - 0.90 m/s  
TR - 2.17 m/s

**SPECIES**

Canine

**RADIOGRAPHIC FINDINGS**

Three-view thoracic radiographs are submitted for review.

**BREED**

Papillon

The cardiac silhouette is normal in size, with no specific chamber enlargement present. The pulmonary vessels are within normal limits. The pulmonary parenchyma and pleural space are within normal limits. There is mild redundancy of the dorsal tracheal membrane in the right lateral image. The remainder of the thorax is unremarkable.

**ASSESSMENT/RECOMMENDATIONS**

**SEX**

Degenerative mitral and tricuspid valve disease

**MN**

This examination demonstrates mild regurgitation of blood across Cody's mitral and tricuspid valves resulting from degenerative valve disease. The hemodynamic effects of each of the regurgitations also appear to be mild, as Cody does not have secondary dilation of any of his cardiac chambers. As such, Cody's valvular diseases appear to be well-compensated, and his current risk for the development of clinical signs secondary to them, such as coughing, exercise intolerance, syncope, abdominal distension, and labored breathing, appears to be low.

**AGE**

9 y

**WEIGHT**

12.2 lb

Cody's thoracic radiographs are unremarkable, save for mild redundancy of his dorsal tracheal membrane.

**HOSPITAL NAME**

SVS Imaging MI

Cody's cardiovascular risk for general anesthesia is low based on this exam, though I still 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.

No change in therapy is recommended based on this exam.

**REFERRING VET**

Family Pet Practice

A recheck echocardiogram is recommended in 9 months. Thoracic radiographs are recommended



if Cody experiences respiratory clinical signs.

DATE

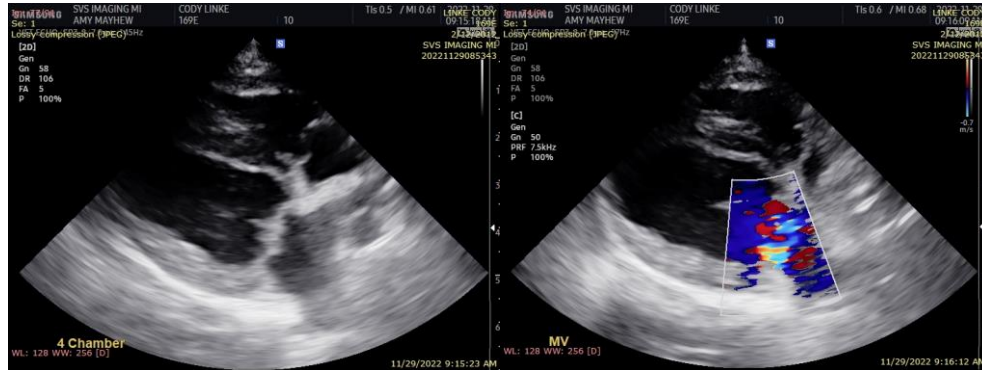
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PATIENT

Cody Linke

SPECIES

Canine

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)  
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631-804-5754

BREED

Papillon

SEX

MN

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HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Family Pet Practice