

PATIENT

Eskimo Hardaway

SPECIES

Canine

BREED

Pomeranian

SEX

MN

AGE

7 y

WEIGHT

10 lb

INTERPRETED BY

Keith Blass, DVM, MS,
DACVIM (Cardiology)

IMAGING PERFORMED BY

Dr. Hesham Akbawy

HOSPITAL NAME

Lincoln Ave Cat and
Dog Hospital

REFERRING VET

Dr. Akbawy

INVOICE

DATE

11/6/25

PRESENTING CLINICAL SIGNS

Grade 2/6 murmur. Pre-anesthetic evaluation (hernia repair).

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

Left atrial size is normal. The mitral valve leaflets are mildly thickened and exhibit mild systolic prolapse. A faint Doppler signal of mitral regurgitation is present. Left ventricular dimensions are normal. Left ventricular systolic function is normal. 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.

LA - 26.2 mm
LVIDd - 25.7 mm
LVIDs - 16.4 mm
FS - 36%
RA - 18.0 mm
LVOT - 0.94 m/s
RVOT - 0.41 m/s

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral valve disease

This examination demonstrates regurgitation of blood across Eskimo's mitral valve resulting from degenerative valve disease. The hemodynamic effects of the regurgitation appear to be mild, as Eskimo does not have secondary dilation of either of his left heart chambers. As such, Eskimo'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 low.

Eskimo's cardiovascular risk for general anesthesia appears to be 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 therapy is recommended based on this exam.

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



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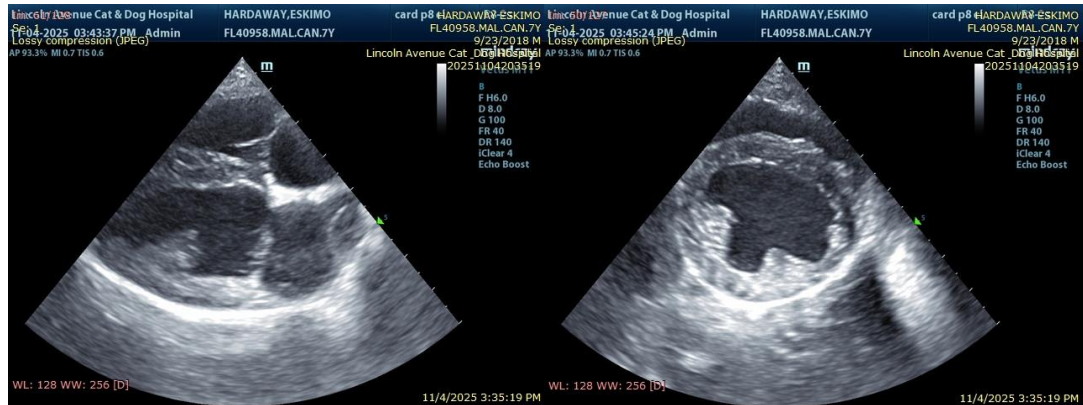
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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