


PRESENTING CLINICAL SIGNS

History: Grade II/VI murmur. Asymptomatic. Pre-anesthetic evaluation (dental). Previous history of Ehrlichia.

DATE

11/7/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, Doppler study.

PERFORMED BY:

Shari Reffi, CVT

INTERPRETED BY

 Keith Blass, DVM,
 MS, DACVIM
 (Cardiology)

There is mild left atrial dilation. The mitral valve leaflets are mildly thickened and exhibit mild 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 appear normal, though trace pulmonic insufficiency is present. No pericardial effusion or cardiac masses are seen.

 LA/Ao – 1.52
 LVIDd – 20.8 mm
 LVIDs – 10.2 mm
 FS – 51%
 LVOT – 1.00 m/s
 RVOT – 0.98 m/s

PATIENT

Jelly Ramirez

SPECIES

Canine

BREED

Poodle

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral valve disease

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

SEX

FS

Jelly'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

9 y

I recommend starting Jelly on pimobendan (0.625 mg BID), as this medication should help to slow the progression of her mitral valve disease, as well as decrease her risk for general anesthesia.

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

WEIGHT

4 lb

HOSPITAL NAME

Banfield Bridgewater

REFERRING VET

Dr. Baker



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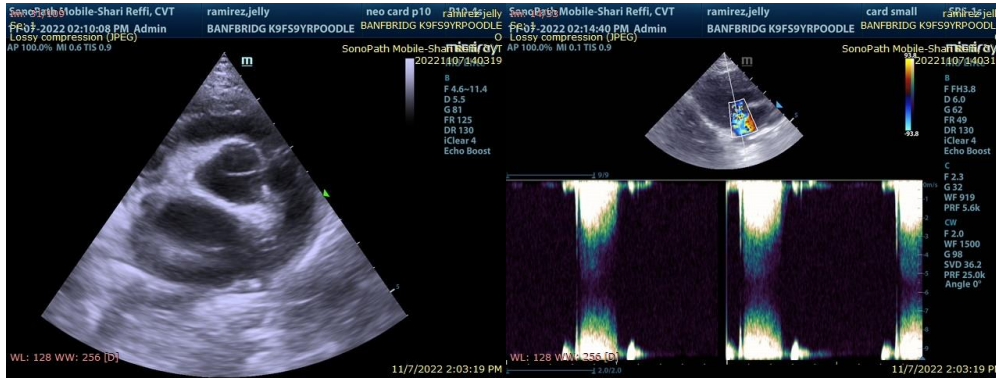
4 lb

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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.

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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