


PRESENTING CLINICAL SIGNS

History: Grade 3/6 left-sided murmur. Previously diagnosed with degenerative valve disease and mild LAE. No current therapy. Pre-dental evaluation.

DATE

12/20/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Dr. Brian Barnes

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. A mild to moderate 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 appears normal, though trace tricuspid regurgitation is present. The pulmonary artery and pulmonic valve appear normal, though trace pulmonic insufficiency is present. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus arrhythmia

PATIENT

Stanley Jamieson

 LA - 29.4 mm
 LVIDd - 28.2 mm
 LVIDs - 15.3 mm
 FS - 45.7%
 RA - 18.0 mm
 LVOT - 1.30 m/s
 RVOT - 0.86 m/s

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral valve disease

BREED

Havanese

This examination is very similar to the one performed 10 months ago, and shows no real progression of Stanley's mitral valve disease. Given this, Stanley's mitral valve disease still appears to be well-compensated, and his current risk for the development of clinical signs secondary to it still appears to be fairly low.

SEX

MN

Stanley'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

11 y

No therapy is recommended at this stage of disease.

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

WEIGHT

8.15 kg

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Barnes



DATE

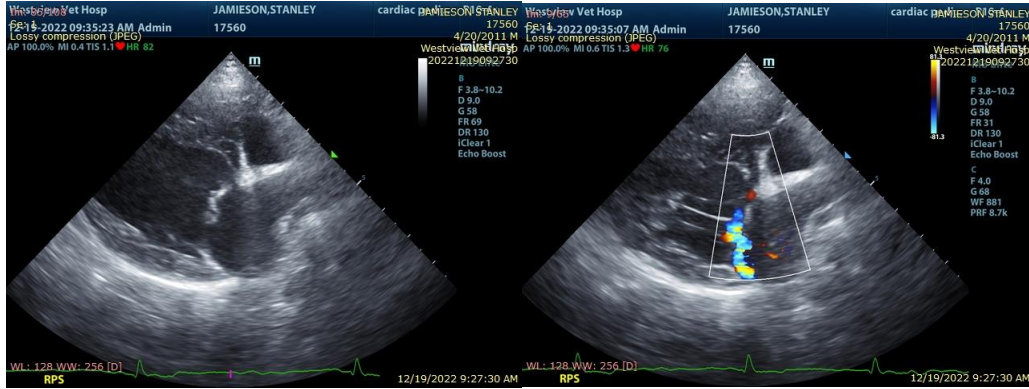
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

PATIENT

Stanley Jamieson

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

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