



RESENTING CLINICAL SIGNS

History: Recheck degenerative valve disease. No current medications. Pre-anesthetic evaluation (dental).

DATE

12/22/21

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study. This exam is compared to the one performed 6/16/21.

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 a mild to moderate jet of eccentric mitral regurgitation is present. MR velocity does not suggest the presence of systemic hypertension. 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 appear normal, though trace pulmonic insufficiency is present. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

PATIENT

ECG during echo: Sinus arrhythmia

Josie Jamieson

LA - 29.9 mm (prev. 28.5 mm)
LVIDd - 27.1 mm (prev. 26.6 mm)
LVIDs - 14.3 mm (prev. 16.6 mm)
FS - 47% (prev. 37.6%)
LVOT - 0.75 m/s (prev. 0.65 m/s)
RVOT - 0.65 m/s (prev. 0.56 m/s)
TR - 1.39 m/s (prev. 1.56 m/s)

SPECIES

Canine

BREED

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease

Havanese Mix

This examination demonstrates very mild progression of Josie's mitral valve disease over the past 6 months, and Josie now has mild dilation of her left atrium. While mild left atrial dilation is present, Josie still does not have secondary dilation of her left ventricle, therefore, her current risk for the development of clinical signs secondary to her disease still appears to be low.

SEX

FS

Josie's tricuspid valve disease is still mild and well-compensated.

AGE

No therapy has been proven to be beneficial at this stage of Josie's valvular diseases, therefore, no therapy is recommended at this time.

14 y

Josie's cardiovascular risk for general anesthesia is mildly increased based on this exam, therefore, I 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.

WEIGHT

9.3 kg

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

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Barnes



DATE

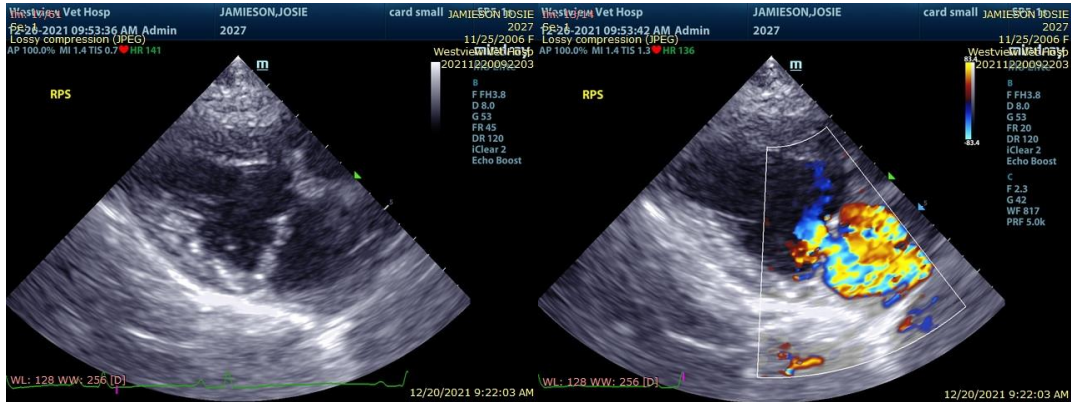
12/22/21

PERFORMED BY:

Dr. Brian Barnes

INTERPRETED BY

Keith Blass, DVM,
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

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.

Josie Jamieson

SPECIES

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

Canine

BREED

Havanese Mix

SEX

FS

AGE

14 y

WEIGHT

9.3 kg

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Barnes