

PRESENTING CLINICAL SIGNS

History: Previously diagnosed with degenerative valve disease in February 2021. Receiving pimobendan 2.5 mg BID. Pre-anesthetic evaluation (dental).

DATE

12/22/21

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and 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 a mild to moderate jet of eccentric mitral regurgitation is present. There is mild left ventricular dilation. Left ventricular systolic function is mildly hyperdynamic. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve leaflets are very mildly thickened, and a very mild jet of 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.

ECG during echo: Sinus rhythm

PATIENT

Molly Remshifski

LA - 35.4 mm
LVIDd - 33.0 mm
LVIDs - 18.3 mm
FS - 44.5%
RA - 23.2 mm
LVOT - 2.00 m/s
RVOT - 1.38 m/s

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease

BREED

Goldendoodle

This examination demonstrates no progression of Molly's valvular diseases over the past 10 months. As such, her risk for the development of clinical signs of cardiac dysfunction has not increased, though careful monitoring for the development of signs is still recommended.

SEX

FS

Molly's cardiovascular risk for general anesthesia, especially her risk for fluid overload, is mildly increased based on this exam, therefore, 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 at least 25%. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

AGE

13 y

No change in therapy is recommended based on this exam.

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

WEIGHT

25.2 lb

HOSPITAL NAME

Long Valley AH

REFERRING VET

Dr. Welch



DATE

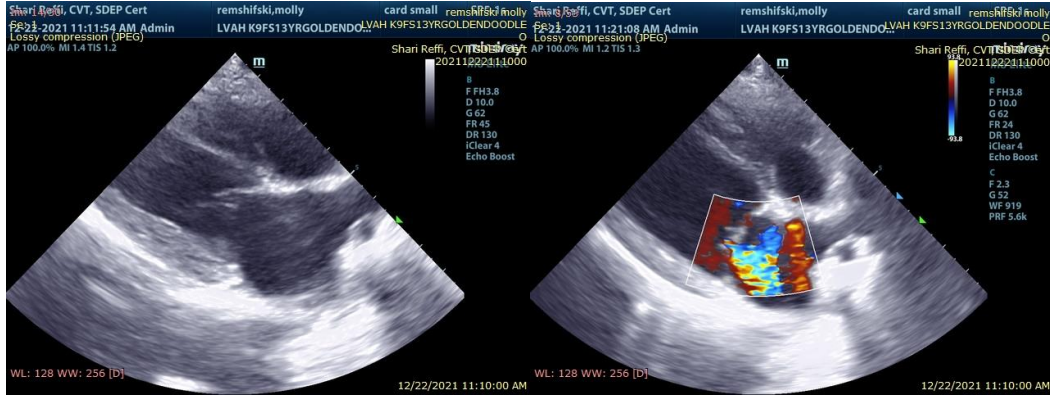
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

PATIENT

Molly Remshifski

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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