


**PRESENTING CLINICAL SIGNS**

History: Heart murmur since 2018. Echo in May 2022 showed no evidence of structural heart disease. Pre-anesthetic evaluation (mass removal).

**DATE**

12/23/22

**ECHOCARDIOGRAPHIC FINDINGS**

2D, M-mode, and Doppler study.

**PERFORMED BY:**

Diane McFadden

**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. There is mild left ventricular dilation. Left ventricular systolic function is normal. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve is normal. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No heartworms are visualized. No pericardial effusion or cardiac masses are seen.

 LA – 32.0 mm  
 LVIDd – 30.8 mm  
 LVIDs – 18.0 mm  
 FS – 41.6%

**PATIENT**

Josie Godoy

 RA – 15.7 mm  
 LVOT – 1.37 m/s  
 RVOT – 0.96 m/s

**SPECIES**

Canine

**BREED**

Min. Schnauzer

**ASSESSMENT/RECOMMENDATIONS**

Degenerative mitral valve disease

This examination demonstrates mild to moderate regurgitation of blood across Josie's mitral valve resulting from degenerative valve disease. Secondary to his regurgitation, Josie has mild dilation of both his left atrium and left ventricle, though his left ventricular systolic function is well-preserved. As only mild left heart chamber dilation is present, Josie'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 relatively low, though careful monitoring for these signs is recommended going forward.

**SEX**

MN

**AGE**

9 y

Josie'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.

I recommend starting Josie on pimobendan (2.5 mg BID), as this medication should help to slow the progression of his mitral valve disease, as well as decrease his risk for general anesthesia.

**WEIGHT**

18.5 lb

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

**HOSPITAL NAME**

Whippany VH

**REFERRING VET**

Dr. Cordero



DATE

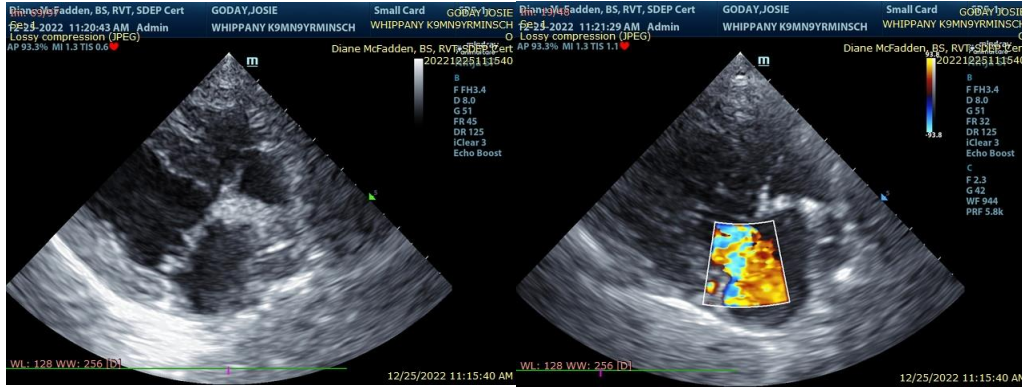
12/23/22

PERFORMED BY:

Diane McFadden

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.

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.

PATIENT

Josie Godoy

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

SPECIES

Canine

BREED

Min. Schnauzer

SEX

MN

AGE

9 y

WEIGHT

18.5 lb

HOSPITAL NAME

Whippany VH

REFERRING VET

Dr. Cordero