


RESENTING CLINICAL SIGNS

History: New grade III-IV/VI murmur. Pre-anesthetic evaluation (dental).

DATE

12/28/21

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Dr. Fred Gromalak

INTERPRETED BY

 Keith Blass, DVM,
 MS, DACVIM
 (Cardiology)

There is mild left atrial dilation. The mitral valve leaflets are thickened and exhibit systolic prolapse. A mild to moderate jet of eccentric mitral regurgitation is 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 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 are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

PATIENT

Madison Star

LA - 33.7 mm
 LVIDd - 31.7 mm
 LVIDs - 17.3 mm
 FS - 45.4%
 RA - 22.4 mm
 LVOT - 1.66 m/s
 RVOT - 0.86 m/s
 TR - 2.79 m/s

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease

BREED

Min. Schnauzer

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

SEX

FS

Madison's cardiovascular risk for general anesthesia 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 25%. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

AGE

14 y

I recommend starting Madison on pimobendan (2.5 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.

WEIGHT

19 lb

A recheck echocardiogram is recommended in 6-9 months. Thoracic radiographs are recommended if Madison experiences respiratory clinical signs.

HOSPITAL NAME

SVS Imaging

REFERRING VET

Dr. Thompson



DATE

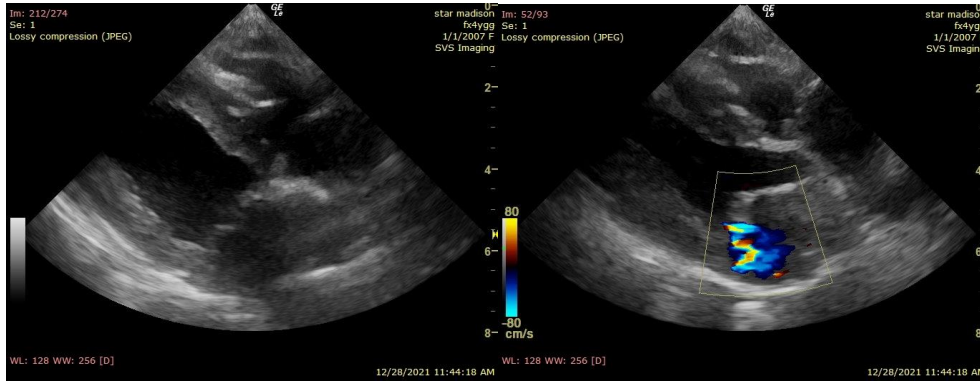
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

PATIENT

Madison Star

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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