


PRESENTING CLINICAL SIGNS

History: Grade IV/VI murmur. Pre-anesthetic evaluation (dental).

DATE

12/6/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Shari Reffi, CVT

INTERPRETED BY

 Keith Blass, DVM,
 MS, DACVIM
 (Cardiology)

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

PATIENT

Lilly Kovars

 LA - 30.0 mm
 LVIDd - 30.3 mm
 LVIDs - 15.4 mm
 FS - 49%
 RA - 17.2 mm
 LVOT - 1.06 m/s
 RVOT - 0.62 m/s
 TR - 2.24 m/s

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease

BREED

Dachshund

This examination demonstrates regurgitation of blood across Lilly's mitral and tricuspid valves resulting from degenerative valve disease. Lilly's tricuspid valve disease is mild, and appears to be well-compensated at this time. Her mitral valve disease is more advanced, as Lilly has moderate mitral regurgitation present, with moderate secondary dilation of both his left atrium and left ventricle, though his left ventricular systolic function is well-preserved. While Lilly is still asymptomatic, the severity of her mitral valve disease indicates that she is at risk for the development of clinical signs, such as coughing, exercise intolerance, syncope, and labored breathing, therefore, careful monitoring for these signs is recommended.

SEX

FS

AGE

11 y

Lilly's cardiovascular risk for general anesthesia, especially her risk for fluid overload, is moderately 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 50%. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

WEIGHT

10 lb

I recommend starting Lilly on pimobendan (1.25 mg BID), as this medication should help to slow the progression of her valvular diseases, as well as decrease her risk for general anesthesia.

HOSPITAL NAME

Banfield Bridgewater

REFERRING VET

Dr. Baker



DATE

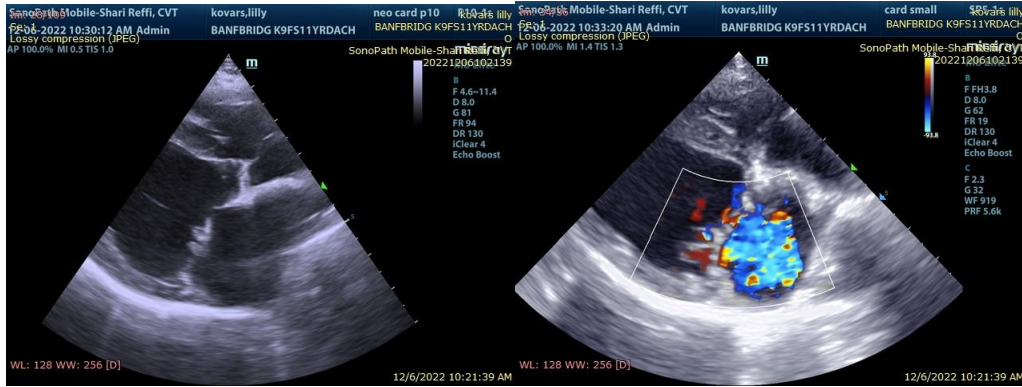
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

PATIENT

Lilly Kovars

SPECIES

Canine

BREED

Dachshund

SEX

FS

AGE

11 y

WEIGHT

10 lb

HOSPITAL NAME

Banfield Bridgewater

REFERRING VET

Dr. Baker

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)
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