


**PRESENTING CLINICAL SIGNS**

History: Grade 3/6 left-side murmur. Possible arrhythmia. Coughs when excited. Pre-anesthetic evaluation (dental).

**DATE**

2/13/23

**ECHOCARDIOGRAPHIC FINDINGS**

2D, M-mode, and Doppler study.

**PERFORMED BY:**

Loetitia Saint-Jacques

Left atrial size is normal. The mitral valve appears normal, though trace mitral regurgitation is present. Left ventricular dimensions are normal. Left ventricular systolic function is normal. The aorta and aortic valve appear 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 is consistent with the presence of mild pulmonary hypertension (PG 37 mmHg). 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.

**INTERPRETED BY**

Keith Blass, DVM,  
MS, DACVIM  
(Cardiology)

LA - 42.5 mm  
LVIDd - 42.8 mm  
LVIDs - 31.1 mm  
FS - 27.3%  
RA - 34.4 mm  
LVOT - 1.23 m/s  
RVOT - 0.90 m/s  
TR - 3.05 m/s

**PATIENT**

Fletcha Loudon

**SPECIES**

Canine

**ELECTROCARDIOGRAPHIC FINDINGS**

A six lead ECG is submitted for review.

**BREED**

HR: 136 bpm  
Rhythm: Sinus

**Pit Bull**

Normal sinus rhythm is present throughout this recording. There is a right axis deviation due to the QRS complexes having a left-bundle branch block morphology. The QRS complex duration is increased. The remaining complex amplitudes and intervals are within normal limits. No premature beats are seen.

**SEX**
**FS**
**RADIOGRAPHIC FINDINGS**

Three-view thoracic radiographs are submitted for review.

**AGE**

13 y

The right atrium is prominent in the lateral views, but appears normal in the VD image. The pulmonary vessels are within normal limits. The pulmonary parenchyma and pleural space are within normal limits. The trachea is normal. The remainder of the thorax is unremarkable.

**ASSESSMENT/RECOMMENDATIONS**
**WEIGHT**

56 lb

Degenerative tricuspid valve disease  
Pulmonary hypertension  
Left bundle branch block

**HOSPITAL NAME**

Incline VH

Fletcha's echocardiogram demonstrates mild regurgitation of blood across her tricuspid valve resulting from degenerative valve disease. The hemodynamic effects of the regurgitation also appear to be mild, as Fletcha does not have secondary dilation of either of her right heart chambers. As such, Fletcha's tricuspid valve disease appears to be well-compensated, and her current risk for the development of clinical signs secondary to it appears to be low.

**REFERRING VET**

Dr. Moger



Fletcha's tricuspid regurgitation velocity is consistent with the presence of mild pulmonary hypertension. Mild pulmonary hypertension is well-tolerated in dogs, though careful monitoring for progression is recommended.

**DATE**

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Fletcha's ECG demonstrates the presence of a left bundle branch block. This conduction abnormality results in no hemodynamic impairment, however, if Fletcha were to develop a concurrent right bundle branch block in the future, she would develop complete AV block.

**PERFORMED BY:**

Loetitia Saint-Jacques

No definitive reason for Fletcha's cough with excitement is appreciated in her radiographs.

**INTERPRETED BY**

Keith Blass, DVM,  
MS, DACVIM  
(Cardiology)

No cardiac therapy is recommended at this time based on Fletcha's echocardiogram, ECG, and radiographs.

Fletcha'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 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.

**PATIENT**

Fletcha Loudon

A recheck echocardiogram and ECG are recommended in ~6 months to monitor for disease progression.

**SPECIES**

Canine

**BREED**

Pit Bull

**SEX**

FS

**AGE**

13 y

**WEIGHT**

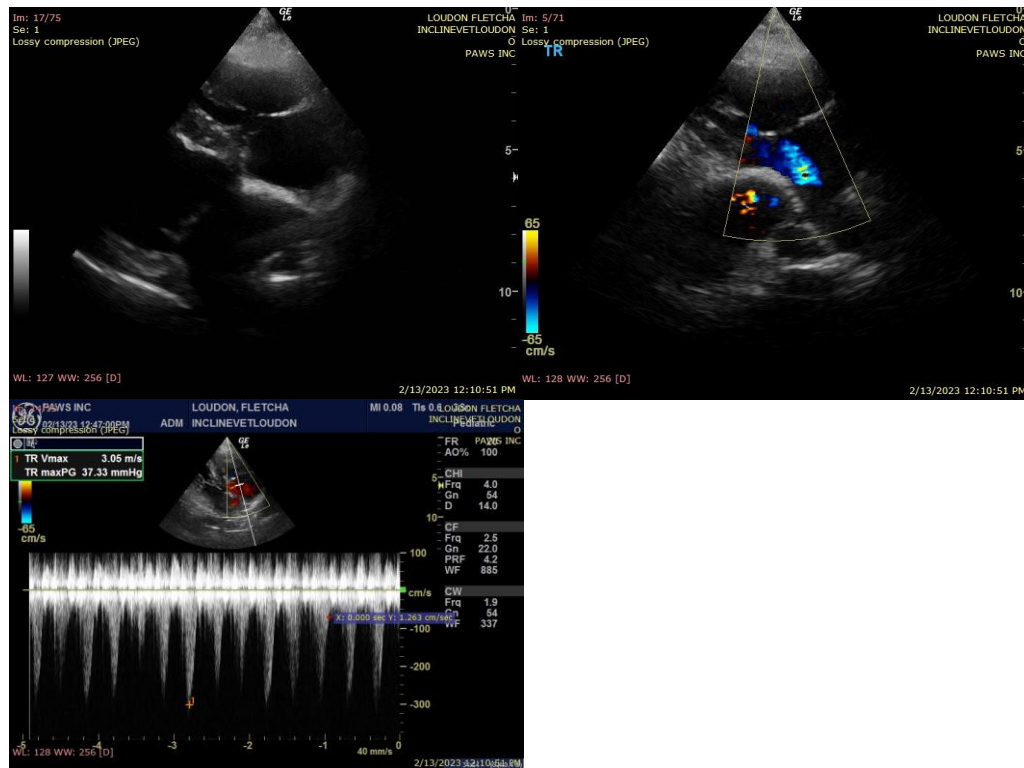
56 lb

**HOSPITAL NAME**

Incline VH

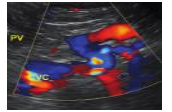
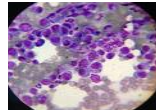
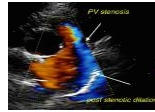
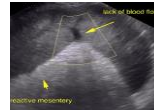
**REFERRING VET**

Dr. Moger



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.



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

2/13/23

**PERFORMED BY:**

Loetitia Saint-Jacques

**INTERPRETED BY**

Keith Blass, DVM,  
MS, DACVIM  
(Cardiology)

**PATIENT**

Fletcha Loudon

**SPECIES**

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**BREED**

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