



**PRESENTING CLINICAL SIGNS**

History: Grade 2/6 murmur. Pre-anesthetic evaluation.

**DATE**

2/16/23

**ECHOCARDIOGRAPHIC FINDINGS**

2D, M-mode, and Doppler study.

**PERFORMED BY:**

Rebekah Jakum

**INTERPRETED BY**

Keith Blass, DVM,  
MS, DACVIM  
(Cardiology)

Left atrial size is normal. The mitral valve is normal. Left ventricular dimensions are normal. Left ventricular systolic function is normal. 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**

Theo Fehr

LA - 37.5 mm  
LVIDd - 41.6 mm  
LVIDs - 28.2 mm  
FS - 32.2%  
RA - 22.5 mm  
LVOT - 2.00 m/s  
RVOT - 1.38 m/s  
TR - 2.42 m/s

**ASSESSMENT/RECOMMENDATIONS**

Degenerative tricuspid valve disease

**SPECIES**

Canine

This examination demonstrates mild regurgitation of blood across Theo's tricuspid valve resulting from degenerative valve disease. The hemodynamic effects of the regurgitation also appear to be mild, as Theo does not have secondary dilation of either of his right heart chambers. As such, Theo's tricuspid valve disease appears to be well-compensated, and his current risk for the development of clinical signs of right-sided cardiac dysfunction (ex. abdominal distension, syncope, labored breathing) appears to be low.

**BREED**

Pitbull

Theo's cardiovascular risk for general anesthesia is only minimally increased based on this exam, though I still recommend avoiding the use of alpha-2 agonists in the anesthetic protocol and reducing the IV fluid rate by 10% as precautions.

**SEX**

MN

No therapy is recommended at this stage of disease.

**AGE**

7 y

A recheck echocardiogram is recommended in ~9 months.

**WEIGHT**

63 lb



**HOSPITAL NAME**

Alburtis AH

**REFERRING VET**

Dr. Smith

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**

2/16/23

**Keith Blass, DVM, MS, DACVIM (Cardiology)**  
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631-804-5754

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**PATIENT**

Theo Fehr

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