



PRESENTING CLINICAL SIGNS

History: Grade 4/6 murmur. Pre-anesthetic evaluation.

DATE

2/17/23

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Shari Reffi, CVT

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

PATIENT

Hunter Mendez

Left atrial size is normal. The mitral valve leaflets are mildly thickened, and there is Doppler evidence of mitral regurgitation present. Left ventricular dimensions are normal. 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 there is Doppler evidence of tricuspid regurgitation present. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

LA - 30.0 mm
LVIDd - 28.3 mm
LVIDs - 13.2 mm
FS - 53%
RA - 17.2 mm
LVOT - 1.49 m/s
RVOT - 1.37 m/s
TR - 2.42 m/s

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease

SPECIES

Canine

BREED

Bichon Frise

SEX

MI

AGE

14 y

WEIGHT

30 lb

HOSPITAL NAME

Basking Ridge AH

REFERRING VET

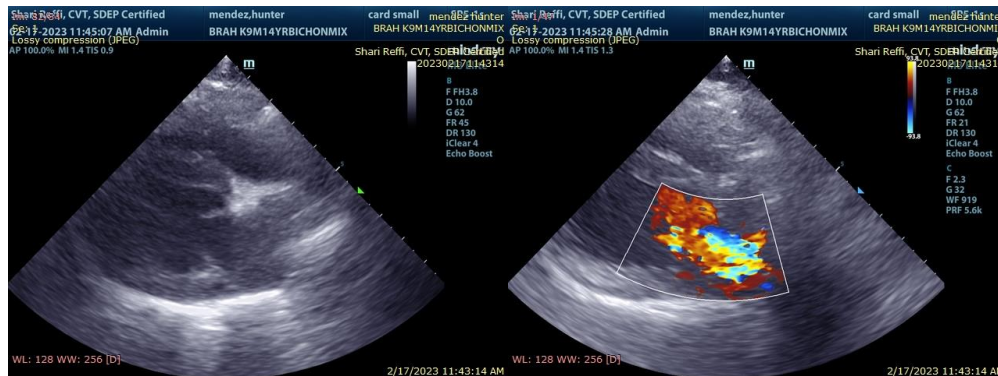
Dr. Rotella

This examination demonstrates regurgitation of blood across Hunter's mitral and tricuspid valves resulting from degenerative valve disease. The hemodynamic effects of each of the regurgitations appear to be mild, as Hunter does not have secondary dilation of any of his cardiac chambers. As such, Hunter's valvular diseases appear to be well-compensated, and his current risk for the development of clinical signs secondary to them, such as coughing, exercise intolerance, syncope, and labored breathing, appears to be low.

Hunter's cardiovascular risk for general anesthesia is only mildly 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 25% as precautions. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

No therapy is recommended at this stage of Hunter's valvular diseases.

A recheck echocardiogram is recommended in ~6 months to monitor for disease progression.





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.

DATE

2/17/23

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.

PERFORMED BY:

Shari Reffi, CVT

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

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