


PRESENTING CLINICAL SIGNS

History: Recheck degenerative valve disease. Receiving pimobendan 5 mg BID and enalapril. Pre-anesthetic evaluation (PRP injection).

DATE

2/6/23

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study. This exam is compared to the one performed 8/1/22.

PERFORMED BY:

Kim Liedberg

INTERPRETED BY

 Keith Blass, DVM,
 MS, DACVIM
 (Cardiology)

Left atrial size is normal. The mitral valve leaflets are mildly thickened, and a mild jet of mitral regurgitation is present. Left ventricular dimensions are normal. Left ventricular systolic function is normal. The aorta and aortic valve appear normal, though there is mildly increased flow velocity in the ascending aorta. 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

Nona Zakosek

 LA - 39.9 mm (prev. 38.8 mm)
 LVIDd - 38.0 mm (prev. 37.1 mm)
 LVIDs - 22.0 mm (prev. 22.0 mm)
 FS - 42% (prev. 40.7%)
 RA - 26.8 mm (prev. 26.2 mm)
 LVOT - 1.50 m/s (prev. 1.40 m/s)
 RVOT - 1.28 m/s (prev. 0.99 m/s)
 TR - 2.34 m/s (2.12 m/s)

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease

BREED

Vizsla/Pitbull Mix

This examination is very similar to the one performed 6 months ago. As Nona still does not have secondary dilation of any of her cardiac chambers, her valvular diseases appear to be well-compensated, and her current risk for the development of clinical signs secondary to them still appears to be low.

SEX

FS

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

AGE

13 y

No change in therapy is recommended at this time.

A recheck echocardiogram is recommended in 9 months to monitor for disease progression.

WEIGHT

60 lb

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Dominquez

