


PRESENTING CLINICAL SIGNS
DATE

3/10/23

History: Diagnosed with mild LV systolic dysfunction one year ago. ECG at the time also showed runs of ventricular tachycardia when excited. Currently receiving sotalolol 60 mg BID, pimobendan 10 mg BID, and enalapril 15 mg BID. Doing well at home. Pre-anesthetic evaluation.

ECHOCARDIOGRAPHIC FINDINGS
PERFORMED BY

Dr. Meredith Swart

2D, M-mode, and Doppler study.

Left atrial size is normal. The mitral valve is normal. Left ventricular dimensions are normal. Left ventricular systolic function is mildly depressed. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve is normal. The pulmonary artery and pulmonic valve are normal. No heartworms are visualized. No pericardial effusion or cardiac masses are seen.

INTERPRETED BY

 Keith Blass, DVM,
 MS, DACVIM
 (Cardiology)

 LA - 44.8 mm (prev. 41.5 mm)
 LVIDd - 45.5 mm (prev. 43.9 mm)
 LVIDs - 35.5 mm (prev. 34.1 mm)
 FS - 22.0% (prev. 22.3%)
 RA - 25.8 mm
 LVOT - 1.08 m/s (prev. 0.70 m/s)
 RVOT - 0.89 m/s (prev. 0.95 m/s)

PATIENT

Daisy Lavorgna

ASSESSMENT/RECOMMENDATIONS
SPECIES

Canine

This examination again demonstrates mild depression of Daisy's left ventricular systolic function with no secondary chamber dilation. As no progressive changes are seen, Daisy's current risk for the development of left-sided congestive heart failure still appears to be low, however, careful monitoring for the development of exercise intolerance, syncope, and even sudden death is recommended.

BREED

Boxer

Daisy's cardiovascular risk for general anesthesia is mildly to moderately increased based on this exam, though it's possible that her risk could be higher if her arrhythmia is not well-controlled, and an ECG and/or Holter monitor is recommended prior to anesthesia for further evaluation. As for anesthesia, I recommend avoiding the use of alpha-2 agonists, ketamine, telazol, and, if possible, anticholinergics in the anesthetic protocol, as well as reducing the IV fluid rate by 15%, as precautions. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure, and lidocaine (2 mg/kg slow IV) should be available in case a significant ventricular arrhythmia develop.

SEX

FS

AGE

6 y

No change in therapy is recommended based on this exam.

A recheck echocardiogram is recommended in ~6 months. Thoracic radiographs are recommended if Daisy experiences respiratory clinical signs.

WEIGHT

73 lb

HOSPITAL NAME

 Swart Veterinary
 Imaging

REFERRING VET

Dr. Swart



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(Cardiology)



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

Daisy Lavorgna

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.

SPECIES

Canine

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BREED

Boxer

SEX

FS

AGE

6 y

WEIGHT

73 lb

HOSPITAL NAME

Swart Veterinary
Imaging

REFERRING VET

Dr. Swart