


PRESENTING CLINICAL SIGNS

DATE History: Has had a murmur for most of all of his life. Murmur currently grade IV/VI left-sided. Asymptomatic. Pre-anesthetic evaluation (dental).

3/14/23

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Dr. Meredith Swart

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

There is mild left atrial dilation. Minimal left-to-right shunting through an atrial septal defect is present. The mitral valve leaflets are thickened and exhibit mild systolic prolapse. There is Doppler evidence of mitral regurgitation present. There is mild left ventricular dilation. Left ventricular systolic function is normal. 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 shunting lesions are visualized. No heartworms are visualized. No pericardial effusion or cardiac masses are seen.

PATIENT

Charlie Laufman

LA - 40.9 mm
LVIDd - 40.9 mm
LVIDs - 26.4 mm
FS - 35.4%
RA - 27.3 mm
LVOT - 0.65 m/s
RVOT - 1.48 m/s

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral valve disease
Atrial septal defect (ASD)

BREED

Boston Terrier

This examination demonstrates regurgitation of blood across Charlie's mitral valve resulting from degenerative valve disease. Secondary to his regurgitation, Charlie has mild dilation of both his left atrium and left ventricle, though his left ventricular systolic function is normal. As only mild left heart chamber dilation is present, Charlie's current risk for the development of clinical signs secondary to his disease, such as coughing, exercise intolerance, syncope, and labored breathing, appears to be relatively low, though careful monitoring for these signs is recommended going forward.

SEX

MN

Also seen in this exam is a small hemodynamically insignificant left-to-right shunting ASD.

AGE

15 y

Charlie's cardiovascular risk for general anesthesia, especially his risk for fluid overload, is mildly to moderately increased based on this exam, therefore, precautions should be taken in order to minimize this risk. I recommend avoiding the use of alpha-2 agonists, ketamine, and telazol in the anesthetic protocol, as well as reducing the IV fluid rate by 25-50%. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

WEIGHT

11.5 kg

I recommend starting Charlie on pimobendan (3.75 mg am, 2.5 mg pm), as this medication should help to slow the progression of his mitral valve disease, as well as decrease his risk for general anesthesia.

HOSPITAL NAME

Swart Veterinary
Imaging

A recheck echocardiogram is recommended in 9 months. Thoracic radiographs are recommended if Charlie experiences respiratory clinical signs.

REFERRING VET

Dr. Swart



DATE

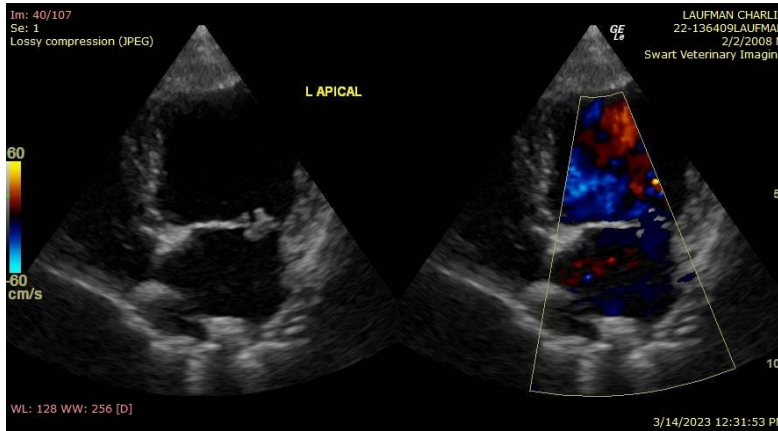
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

PATIENT

Charlie Laufman

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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631-804-5754

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Boston Terrier

SEX

MN

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Imaging

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