


PRESENTING CLINICAL SIGNS

History: Pre-anesthetic evaluation. Radiographs show possible RAE, aortic bulge, or heart base mass.

DATE

3/24/23

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Kelly Vazquez

INTERPRETED BY

 Keith Blass, DVM,
 MS, DACVIM
 (Cardiology)

Left atrial size is normal. The mitral valve leaflets are mildly thickened and exhibit mild systolic prolapse. A mild jet of eccentric mitral regurgitation is 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 appears normal, though trace tricuspid regurgitation is present. 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

Sade Williams

LA - 25.5 mm
 LVIDd - 24.5 mm
 LVIDs - 13.4 mm
 FS - 45%
 RA - 23.3 mm
 LVOT - 1.40 m/s
 RVOT - 0.98 m/s

SPECIES

Canine

BREED

Cairn Terrier

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral valve disease

This examination demonstrates mild regurgitation of blood across Sade's mitral valve resulting from degenerative valve disease. The hemodynamic effects of the regurgitation also appear to be mild, as Sade does not have secondary dilation of either of her left heart chambers, and her left ventricular systolic function is well-preserved. As such, Sade's mitral valve disease appears to be well-compensated, and her current risk for the development of clinical signs secondary to it, such as coughing, exercise intolerance, syncope, and labored breathing, appears to be low.

SEX

FS

Sade's cardiovascular risk for general anesthesia is only very 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.

AGE

12 y

No therapy is recommended at this stage of disease.

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

WEIGHT

17.4 lb

HOSPITAL NAME

Sova AH

REFERRING VET

Dr. Sova

