



**RESENTING CLINICAL SIGNS**

**DATE** History: Grade 4-5 murmur. Pre-anesthetic evaluation (cruciate repair).

3/31/22

**ECHOCARDIOGRAPHIC FINDINGS**

2D, M-mode, and Doppler study.

**PERFORMED BY:**

Tom McNeill

**INTERPRETED BY**

Keith Blass, DVM,  
MS, DACVIM  
(Cardiology)

There is mild left atrial dilation. The mitral valve leaflets are thickened and exhibit systolic prolapse. A moderate jet of eccentric mitral regurgitation is present. There is mild left ventricular dilation. Left ventricular systolic function is mildly hyperdynamic. The aorta and aortic valve appear normal. 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 pericardial effusion is seen.

**PATIENT**

Sadie Burton

LA - 31.0 mm  
LVIDd - 30.0 mm  
LVIDs - 16.6 mm  
FS - 44.7%  
RA - 18.0 mm  
LVOT - 1.22 m/s  
RVOT - 0.67 m/s  
TR - 2.74 m/s

**SPECIES**

Canine

**ASSESSMENT/RECOMMENDATIONS**

Degenerative mitral and tricuspid valve disease

**BREED**

This examination demonstrates regurgitation of blood across Sadie's mitral and tricuspid valves resulting from degenerative valve disease. Sadie's tricuspid valve disease is mild, and appears to be well-compensated at this time. Her mitral valve disease is a bit more advanced, as Sadie has moderate mitral regurgitation present, with mild secondary dilation of both her left atrium and left ventricle. As only mild left heart chamber dilation is present, Sadie's current risk for the development of clinical signs secondary to her mitral valve disease, such as coughing, exercise intolerance, syncope, and labored breathing, appears to be relatively low, though careful monitoring for these signs is recommended over time.

**CKCS**

**SEX**

FS

**AGE**

5 y

Sadie's cardiovascular risk for general anesthesia is mildly increased based on this exam, therefore, some 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%. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

**WEIGHT**

7.62 kg

I recommend starting Sadie on pimobendan (2.5 mg BID), as this medication should help to slow the progression of her mitral valve disease, as well as decrease her risk for general anesthesia.

A recheck echocardiogram is recommended in 6-9 months. Thoracic radiographs are recommended if Sadie experiences respiratory clinical signs.

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

Animal Clinic of  
Elkhorn



DATE

3/31/22

PERFORMED BY:

Tom McNeill

INTERPRETED BY

Keith Blass, DVM,  
MS, DACVIM  
(Cardiology)

PATIENT

Sadie Burton

SPECIES

Canine

BREED

CKCS

SEX

FS

AGE

5 y

WEIGHT

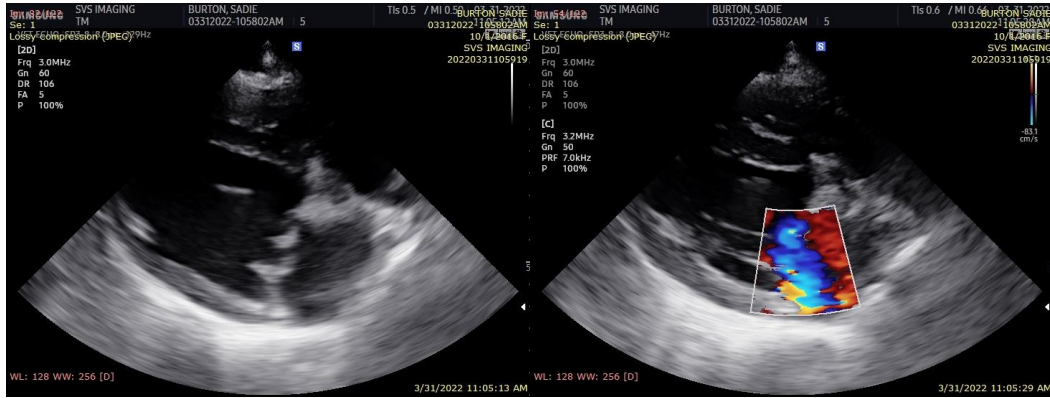
7.62 kg

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Animal Clinic of  
Elkhorn



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.

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.

Keith Blass, DVM, MS, DACVIM (Cardiology)  
KeithBlass@gmail.com  
631-804-5754