



PRESENTING CLINICAL SIGNS

History: Previously diagnosed with stage B1 degenerative valve disease in May 2022. Pre-anesthetic evaluation.

DATE

3/6/23

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 thickened, and exhibit 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 appear normal, though trace aortic insufficiency is present. 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 appear normal, though very mild pulmonic insufficiency is present. No pericardial effusion or cardiac masses are seen.

PATIENT

Cash Jax Feeney

LA - 30.0 mm
LVIDd - 29.6 mm
LVIDs - 14.7 mm
FS - 50.3%
RA - 20.1 mm
LVOT - 1.60 m/s
RVOT - 1.31 m/s

SPECIES

Canine

BREED

CKCS Mix

SEX

MN

AGE

6 y

WEIGHT

23 lb

HOSPITAL NAME

Ho-Ho-Kus VH

REFERRING VET

Dr. Scott

ASSESSMENT/RECOMMENDATIONS

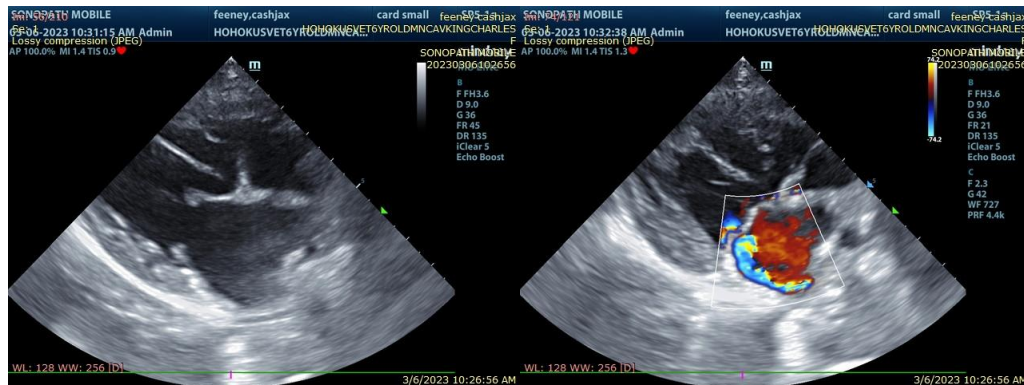
Degenerative mitral valve disease - stage B1

This examination again demonstrates mild regurgitation of blood across Cash Jax's mitral valve resulting from degenerative valve disease. The hemodynamic effects of the regurgitation also appear to be mild, as Cash Jax still does not have secondary dilation of either of his left heart chambers. As such, Cash Jax's mitral valve disease still appears to be well-compensated, and his current risk for the development of clinical signs secondary to it still appears to be low.

Cash Jax's cardiovascular risk for general anesthesia is only 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.

No therapy is recommended at this stage of disease.

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





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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.

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.

PERFORMED BY:

Kelly Vazquez

Keith Blass, DVM, MS, DACVIM (Cardiology)
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631-804-5754

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