


RESENTING CLINICAL SIGNS

DATE History: Grade IV/VI murmur. BNP >3000. Pre-anesthetic evaluation (mammary mass removal).

4/10/23 **ECHOCARDIOGRAPHIC FINDINGS**
 2D, M-mode, and Doppler study.

PERFORMED BY: There is mild to moderate left atrial dilation. The mitral valve leaflets are thickened and exhibit systolic prolapse. There is Doppler evidence of mitral regurgitation present. There is mild to moderate left ventricular dilation. Left ventricular systolic function is hyperdynamic. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve leaflets are mildly thickened, and there is Doppler evidence of tricuspid regurgitation present. TR velocity is consistent with the presence of mild pulmonary hypertension (PG 40 mmHg). The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

Dr. Meredith Swart

INTERPRETED BY
 Keith Blass, DVM,
 MS, DACVIM
 (Cardiology)

PATIENT
 Joyce Alexander

LA - 27.8 mm
 LVIDd - 27.8 mm
 LVIDs - 12.7 mm
 FS - 54%
 LVOT - 1.30 m/s
 RVOT - 0.83 m/s
 TR - 3.17 m/s

SPECIES **ASSESSMENT/RECOMMENDATIONS**
 Canine Degenerative mitral and tricuspid valve disease
 Pulmonary hypertension

BREED This examination demonstrates regurgitation of blood across Joyce's mitral and tricuspid valves resulting from degenerative valve disease. Joyce's tricuspid valve disease is mild, and appears to be well-compensated at this time. Her mitral valve disease is more advanced, as Joyce has mild to moderate secondary dilation of both her left atrium and left ventricle, as well as mild secondary pulmonary hypertension. Joyce's mitral valve disease is still compensated, however, she is at risk for the development of clinical signs secondary to it, such as coughing, exercise intolerance, syncope, and labored breathing, therefore, careful monitoring for these signs is recommended.

Chihuahua Mix

SEX FS Joyce's cardiovascular risk for general anesthesia, especially her risk for fluid overload, is 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 50%. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

AGE 13 y I recommend starting Joyce on pimobendan (1.25 mg am, 0.625 mg pm), as this medication should help to slow the progression of her valvular diseases, as well as decrease her risk for general anesthesia. No therapy is recommended for Joyce's pulmonary hypertension at this time.

WEIGHT 7 lb A recheck echocardiogram is recommended in ~6 months. Thoracic radiographs are recommended if Joyce experiences respiratory clinical signs.

HOSPITAL NAME

Swart Veterinary
 Imaging

REFERRING VET

Dr. Swart



DATE

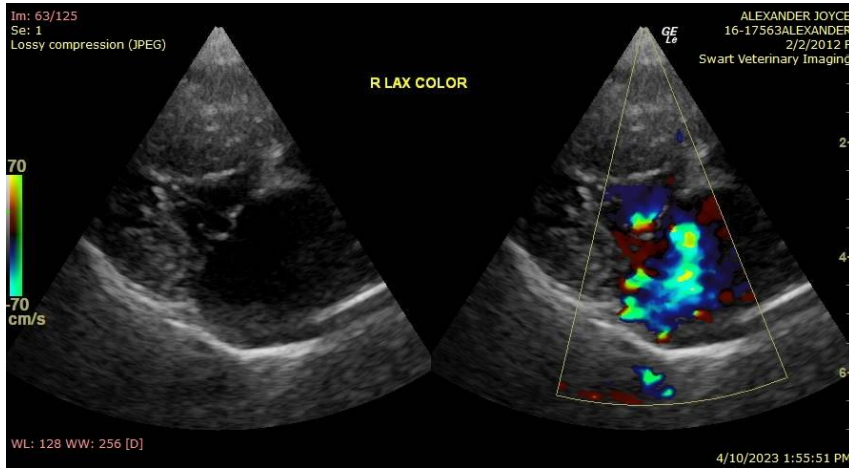
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PATIENT

Joyce Alexander

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.

SPECIES

Canine

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.

BREED

Chihuahua Mix

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

SEX

FS

AGE

13 y

WEIGHT

7 lb

HOSPITAL NAME

Swart Veterinary
Imaging

REFERRING VET

Dr. Swart