


**PRESENTING CLINICAL SIGNS**

**DATE** History: Murmur. Pre-anesthetic evaluation (dental).

**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. The mitral valve leaflets are thickened and exhibit systolic prolapse. There is Doppler evidence of mitral regurgitation present. There is mild 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 44 mmHg). The pulmonary artery and pulmonic valve are normal. No pericardial effusion or cardiac masses are seen.

LA - 30.7 mm  
 LVIDd - 30.7 mm  
 LVIDs - 16.6 mm  
 FS - 45.9%  
 RA - 21.1 mm  
 LVOT - 1.04 m/s  
 RVOT - 0.97 m/s  
 TR - 3.32 m/s

**PATIENT**

Ronnie Howard

**SPECIES**

Canine

**ASSESSMENT/RECOMMENDATIONS**

Degenerative mitral and tricuspid valve disease  
 Pulmonary hypertension

**BREED**

This examination demonstrates regurgitation of blood across Ronnie's mitral and tricuspid valves resulting from degenerative valve disease. Ronnie'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 Ronnie has mild secondary dilation of both her left atrium and left ventricle, though her left ventricular systolic function is well-preserved. As only mild left heart chamber dilation is present, Ronnie's current risk for the development of clinical signs secondary to her mitral valve disease does not appear to be significantly elevated, though careful monitoring for signs (ex. coughing, exercise intolerance, syncope, labored breathing) is recommended going forward.

**CKCS**
**SEX**

FS

Ronnie's tricuspid regurgitation velocity is consistent with the presence of mild pulmonary hypertension. Mild pulmonary hypertension is well-tolerated in dogs, though careful monitoring for progression is recommended.

**AGE**

8 y

Ronnie's cardiovascular risk for general anesthesia is mildly to moderately increased based on this exam, therefore, some precautions should be taken in order to reduce 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 at least 25%. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

**WEIGHT**

15.8 lb

I recommend starting Ronnie on pimobendan (2.5 mg am, 1.25 mg pm), as this medication should slow the progression of her valvular diseases, as well as reduce her risk for general anesthesia. No therapy is recommended for Ronnie's pulmonary hypertension at this time.

**HOSPITAL NAME**

Swart Veterinary  
Imaging

A recheck echocardiogram is recommended in 6 months.

**REFERRING VET**

Dr. Swart



DATE

4/11/22

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PATIENT

Ronnie Howard

SPECIES

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BREED

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WEIGHT

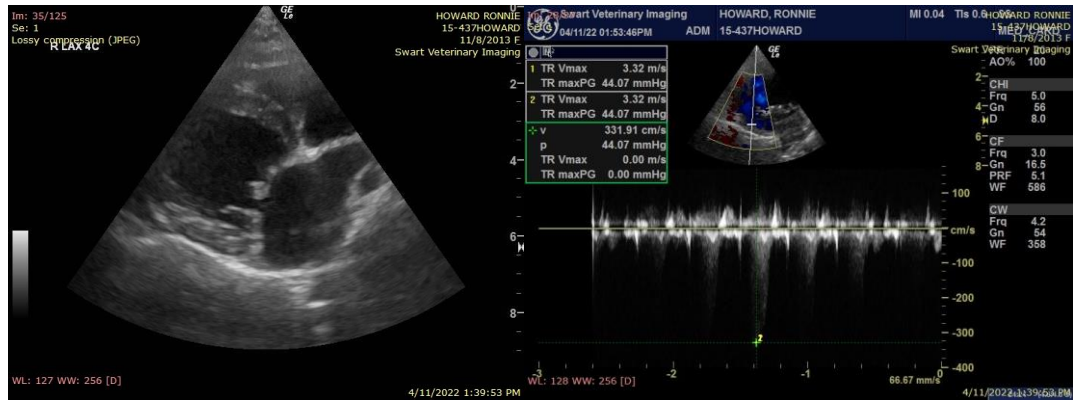
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HOSPITAL NAME

Swart Veterinary  
Imaging

REFERRING VET

Dr. Swart



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.

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