



**RESENTING CLINICAL SIGNS**

History: Grade 3/6 murmur. Pre-anesthetic evaluation (dental).

**DATE**

4/17/23

**ECHOCARDIOGRAPHIC FINDINGS**

2D, M-mode, and Doppler study.

**PERFORMED BY:**

Dr. Samuel Gabriel

**INTERPRETED BY**

Keith Blass, DVM,  
MS, DACVIM  
(Cardiology)

There is borderline mild left atrial dilation. The mitral valve leaflets are mildly thickened and exhibit systolic prolapse. There is Doppler evidence of mitral regurgitation 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 leaflets are mildly thickened, and there is Doppler evidence of tricuspid regurgitation present. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus rhythm

**PATIENT**

Chase Farina

LA - 34.9 mm  
LVIDd - 33.7 mm  
LVIDs - 18.2 mm  
FS - 46%  
RA - 20.8 mm  
LVOT - 1.66 m/s  
RVOT - 0.83 m/s

**SPECIES**

Canine

**ASSESSMENT/RECOMMENDATIONS**

Degenerative mitral and tricuspid valve disease

**BREED**

**CKCS**

**SEX**

**MN**

**AGE**

9 y

**WEIGHT**

34 lb

**HOSPITAL NAME**

Dr. Samuel Gabriel

**REFERRING VET**

Dr. Gabriel

This examination demonstrates regurgitation of blood across Chase's mitral and tricuspid valves resulting from degenerative valve disease. Chase's tricuspid valve disease is mild, and appears to be well-compensated at this time. His mitral valve disease is slightly more advanced, as Chase has borderline mild secondary dilation of his left atrium, though his left ventricular dimensions are normal, and his left ventricular systolic function is well-preserved. As only borderline mild left atrial dilation is present, Chase's mitral valve disease appears to be well-compensated, and his current risk for the development of clinical signs secondary to it, such as coughing, exercise intolerance, syncope, and labored breathing, appears to be relatively low.

Chase'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 in the anesthetic protocol and reducing the IV fluid rate by 25%. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

No therapy has been proven to be beneficial at this stage of Chase's valvular diseases, therefore, no therapy is recommended at this time.

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



DATE

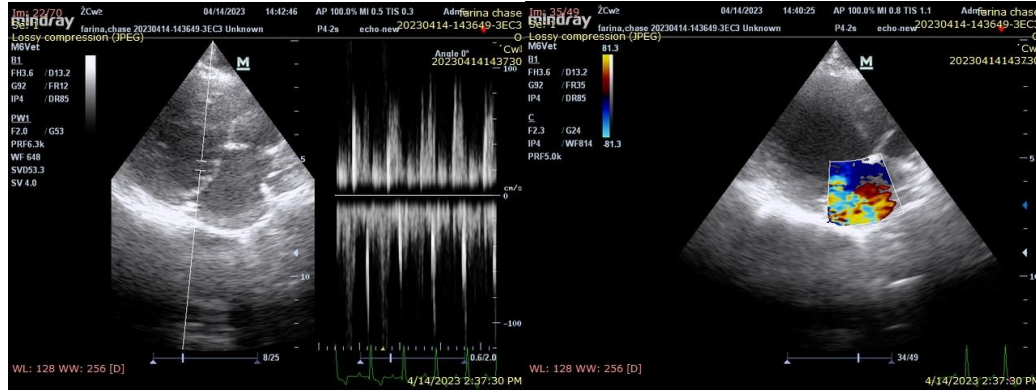
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

PATIENT

Chase Farina

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

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