


PRESENTING CLINICAL SIGNS

History: Grade 4/6 murmur. Pre-anesthetic evaluation (testicular mass removal).

DATE

4/21/23

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Rebekah Jakum

INTERPRETED BY

 Keith Blass, DVM,
 MS, DACVIM
 (Cardiology)

There is mild left atrial dilation. The mitral valve leaflets are thickened, and a moderate jet of eccentric mitral regurgitation is present. There is mild left ventricular dilation. Left ventricular systolic function is normal. The aorta and aortic valve are 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 or cardiac masses are seen.

 LA - 42.0 mm
 LVIDd - 41.9 mm
 LVIDs - 25.2 mm
 FS - 39.9%
 RA - 28.6 mm
 LVOT - 1.42 m/s
 RVOT - 1.26 m/s
 TR - 2.41 m/s

PATIENT

Toby Vaughn

SPECIES

Canine

BREED

Brittany Spaniel

SEX

M

AGE

14 y

WEIGHT

36.5 lb

HOSPITAL NAME

Littlestown VH

REFERRING VET

Dr. Kubala

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease

This examination demonstrates regurgitation of blood across Toby's mitral and tricuspid valves resulting from degenerative valve disease. Toby's tricuspid valve disease is mild, and appears to be well-compensated at this time. His mitral valve disease is a bit more advanced, as Toby has moderate mitral regurgitation present, with mild secondary dilation of both his left atrium and left ventricle, though his left ventricular systolic function is well-preserved. As only mild left heart chamber dilation is present, Toby's current risk for the development of clinical signs secondary to his 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 going forward.

Toby'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.

I recommend starting Toby on pimobendan (5 mg BDI), as this medication should help to slow the progression of his mitral valve disease, as well as decrease his risk for general anesthesia.

A recheck echocardiogram is recommended in 9 months. Repeat thoracic radiographs are recommended if Toby experiences respiratory clinical signs.



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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.

PATIENT

Toby Vaughn

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

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