



PRESENTING CLINICAL SIGNS

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

DATE

4/3/23

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Kelly Vazquez

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

There is mild left atrial dilation. The mitral valve leaflets are mildly thickened and exhibit systolic prolapse. A mild to moderate jet of eccentric mitral regurgitation is 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 appears normal, though trace tricuspid regurgitation is present. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No heartworms are visualized. No pericardial effusion or cardiac masses are seen.

LA - 27.1 mm
LVIDd - 26.9 mm
LVIDs - 14.2 mm
FS - 47%

PATIENT

Lord Stanley Rotella

RA - 19.5 mm
LVOT - 1.59 m/s
RVOT - 1.15 m/s

ASSESSMENT/RECOMMENDATIONS

SPECIES

Canine

BREED

Dachshund

Degenerative mitral valve disease

This examination demonstrates mild to moderate regurgitation of blood across Lord Stanley's mitral valve resulting from degenerative valve disease. Secondary to his regurgitation, Lord Stanley has mild 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, Lord Stanley's current risk for the development of clinical signs secondary to his 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.

SEX

MN

Lord Stanley'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.

AGE

10 y

I recommend starting Lord Stanley on pimobendan (1.25 mg BID), as this medication should help to slow the progression of his mitral valve disease, as well as decrease his risk for general anesthesia.

WEIGHT

12 lb

A recheck echocardiogram is recommended in 6-9 months. Thoracic radiographs are recommended if Lord Stanley experiences respiratory clinical signs.

HOSPITAL NAME

Morris Hills

REFERRING VET

Dr. Hirschenson



DATE

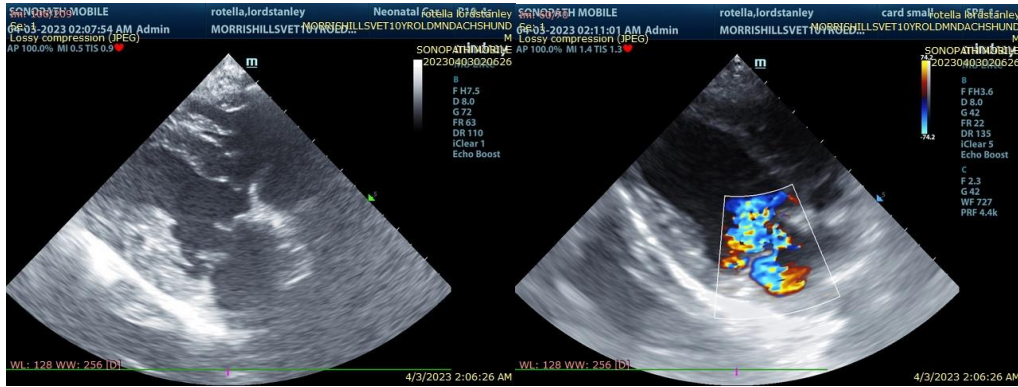
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Lord Stanley Rotella

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

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