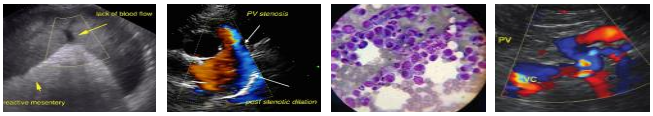


SonoPath.com
1-800-838-4268 info@sonopath.com

DATE

5/11/23

PERFORMED BY:

Val Shumskaya

INTERPRETED BY

Keith Blass, DVM, MS, DACVIM (Cardiology)

PATIENT

Cooper Madonna

SPECIES

Canine

BREED

Maltese

SEX

MN

AGE

7 y

WEIGHT

16.6 lb

HOSPITAL NAME

HoHoKus Vet

REFERRING VET

Dr. Gwiazowski

PRESENTING CLINICAL SIGNS

History: Grade III/VI murmur. Pre-anesthetic evaluation.

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

There is mild to moderate left atrial dilation. The mitral valve leaflets are thickened and exhibit systolic prolapse. A moderate jet of eccentric mitral regurgitation is 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 a mild jet of tricuspid regurgitation is present. TR velocity is consistent with the presence of mild pulmonary hypertension (PG 39.9 mmHg). The pulmonary artery and pulmonic valve are normal. No pericardial effusion or cardiac masses are seen.

LA – 29.2 mm
LVIDd – 29.7 mm
LVIDs – 13.9 mm
FS – 53%
RA – 16.3 mm
LVOT – 1.78 m/s
RVOT – 1.30 m/s
TR – 3.16 m/s

ASSESSMENT/RECOMMENDATIONS

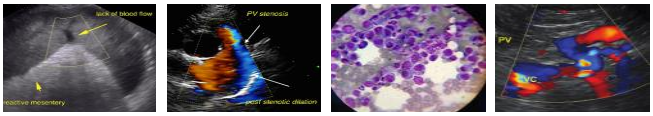
Degenerative mitral and tricuspid valve disease
Pulmonary hypertension

This examination demonstrates regurgitation of blood across Cooper's mitral and tricuspid valves resulting from degenerative valve disease. Cooper's tricuspid valve disease is mild, and appears to be well-compensated at this time. His mitral valve disease is more advanced, as Cooper has moderate mitral regurgitation present, with mild to moderate secondary dilation of both his left atrium and left ventricle, as well as mild secondary pulmonary hypertension. Cooper's mitral valve disease is still compensated, however, he will become at risk for the development of clinical signs secondary to it, such as coughing, exercise intolerance, syncope, and labored breathing, if it progresses much further.

Cooper's cardiovascular risk for general anesthesia is mildly to 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% and pre-oxygenating Cooper for a few minutes prior to induction. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

I recommend starting Cooper on pimobendan (2.5 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.

A recheck echocardiogram is recommended in 6 months. Thoracic radiographs are recommended if Cooper experiences respiratory clinical signs.



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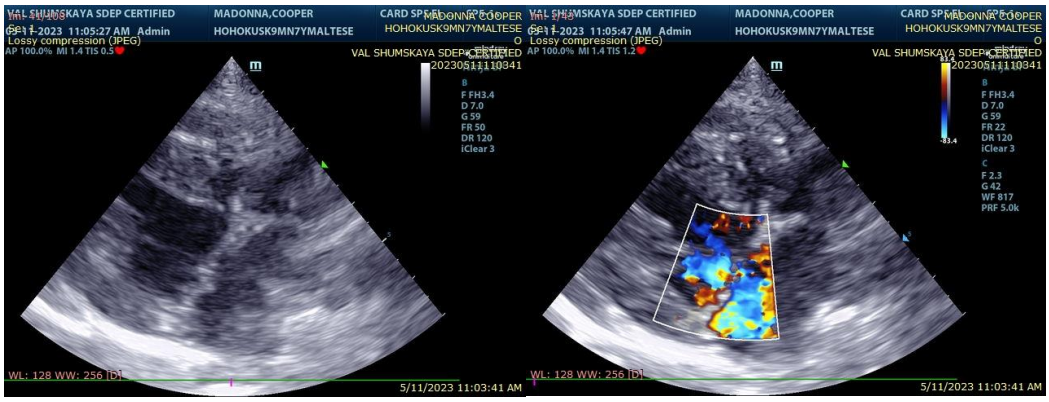

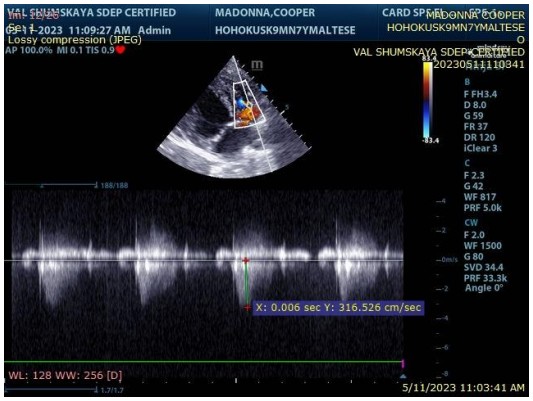

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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