


RESENTING CLINICAL SIGNS

DATE History: Grade III-IV/VI left apical systolic murmur. Pre-anesthetic evaluation (dental). ECG – sinus arrhythmia.

5/4/23

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Dr. Meredith Swart

There is mild left atrial dilation. The mitral valve leaflets are mildly thickened and exhibit systolic prolapse. There is Doppler evidence of mitral regurgitation 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 there is Doppler evidence of tricuspid regurgitation present. TR velocity is consistent with the presence of pulmonary hypertension (PG 36 mmHg). The pulmonary artery and pulmonic appear normal, though trivial pulmonic insufficiency is present. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

PATIENT

Lena Harrison

LA – 29.8 mm
LVIDd – 32.2 mm
LVIDs – 17.7 mm
FS – 45%
RA – 17.0 mm
LVOT – 1.41 m/s
RVOT – 0.86 m/s
TR – 3.00 m/s

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS
BREED

Degenerative mitral and tricuspid valve disease
Pulmonary hypertension

CKCS

This examination demonstrates regurgitation of blood across Lena's mitral and tricuspid valves resulting from degenerative valve disease. Lena's tricuspid valve disease is mild, and appears to be well-compensated at this time. Her mitral valve disease is more advanced, as Lena has mild secondary dilation of her left atrium and mild to moderate dilation of her left ventricle, as well as mild secondary pulmonary hypertension. Lena's mitral valve disease is still compensated, however, she could become at risk for the development of clinical signs secondary to it, such as coughing, exercise intolerance, syncope, and labored breathing, if her disease progresses much further, and careful monitoring for these signs is recommended going forward.

SEX

FS

AGE

13 y

WEIGHT

8 kg

Lena'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 25-50% and pre-oxygenating Lena for a few minutes prior to induction. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

HOSPITAL NAME

Swart Veterinary
Imaging

I recommend starting Lena on pimobendan (2.5 mg BID), as this medication should help to slow the progression of her valvular diseases, as well as decrease her risk for anesthesia. No therapy is recommended for Lena's pulmonary hypertension at this time.

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

REFERRING VET

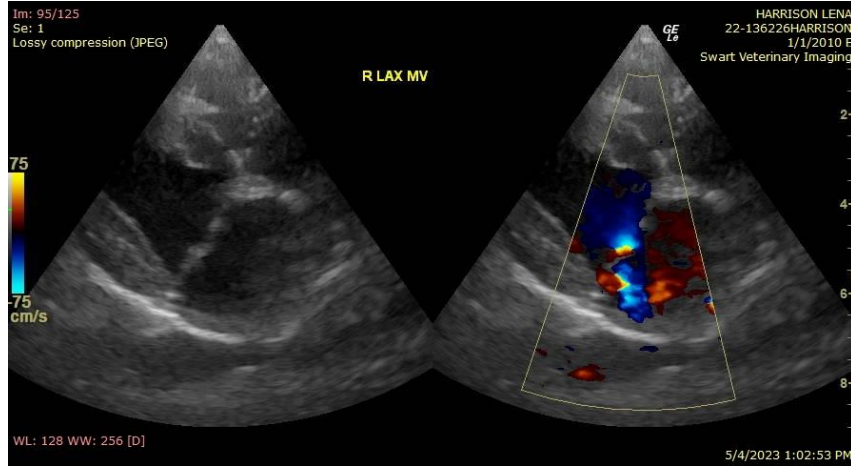
Dr. Swart



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PATIENT
Lena Harrison

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.

SPECIES
Canine

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