



PRESENTING CLINICAL SIGNS

DATE

History: Collapsed on 6/19 when greeting owners returning home from vacation. No murmur, but muffled heart sounds. ECG showed sinus arrhythmia with 1st degree AV block. Radiographs WNL. Pre-anesthetic evaluation (cervical CT).

6/23/23

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Shari Reffi, CVT

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

Left atrial size is normal. The mitral valve leaflets are very mildly thickened, and a very mild jet of mitral regurgitation is present. Left ventricular dimensions are normal. Left ventricular systolic function is normal. The aorta and aortic are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve leaflets are very mildly thickened, and a very mild jet of tricuspid regurgitation is present. The pulmonary artery and pulmonic valve appear normal, though trace pulmonic insufficiency is present. No pericardial effusion or cardiac masses are seen.

PATIENT

Copper Schnaitman

LA - 35.0 mm
LVIDd - 37.4 mm
LVIDs - 24.2 mm
FS - 35%
RA - 27.4 mm
LVOT - 0.88 m/s
RVOT - 0.62 m/s

ASSESSMENT/RECOMMENDATIONS

SPECIES

Degenerative mitral and tricuspid valve disease

Canine

This examination demonstrates very mild regurgitation of blood across Copper's mitral and tricuspid valves resulting from degenerative valve disease. The hemodynamic effects of the regurgitations also appear to be mild, as Copper does not have secondary dilation of any of his cardiac chambers. As such, Copper's valvular diseases appear to be well-compensated, and his current risk for the development of clinical signs secondary to them appears to be low.

BREED

Golden Retriever Mix

No reason for Copper's collapsing episode is appreciated in this exam, though given the association between excitement and collapse, a vasovagal reflex is a likely cause.

SEX

MN

Copper's cardiovascular risk for general anesthesia is low based on this exam, though given his bradycardia and 1st degree AV block, I recommend pre-medicating him with atropine or glycopyrrolate, as well as avoiding the use of alpha-2 agonists. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

AGE

12 y

No therapy is recommended at this stage of disease.

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

WEIGHT

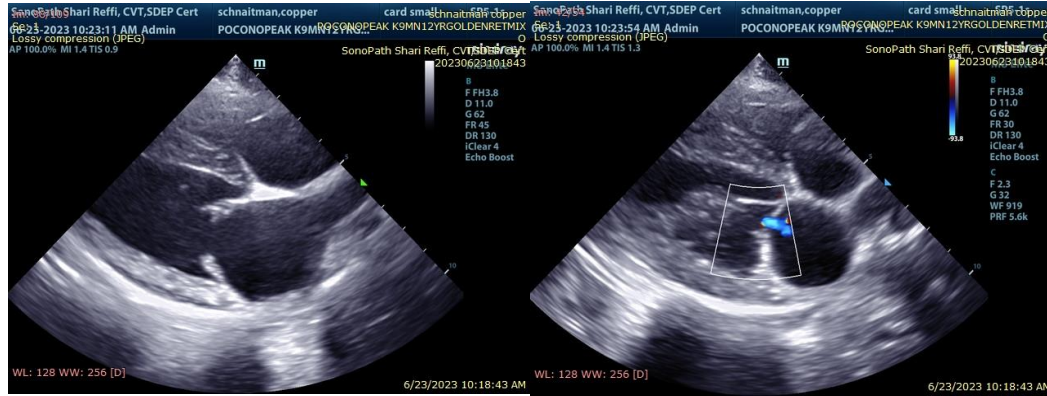
58 lb

HOSPITAL NAME

Pocono Peak VC

REFERRING VET

Dr. Carney



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6/23/23

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Dr. Carney

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.

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