


PRESENTING CLINICAL SIGNS

History: Recheck degenerative valve disease. Pre-anesthetic evaluation.

DATE

6/27/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study. This exam is compared to the one performed 2/24/21.

PERFORMED BY:

Dr. Brian Barnes

INTERPRETED BY

 Keith Blass, DVM,
 MS, DACVIM
 (Cardiology)

There is mild left atrial dilation. The mitral valve leaflets are mildly thickened, and 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 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 appear normal, though trace pulmonic insufficiency is present. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus rhythm

PATIENT

Taji Desjardins

SPECIES

Canine

LA -42.8 mm (prev. 39.1 mm)
 LVIDd - 43.2 mm (prev. 40.4 mm)
 LVIDs - 23.7 mm (prev. 22.1 mm)
 FS - 45% (prev. 45%)
 RA - 28.3 mm (prev. 26.2 mm)
 LVOT- 1.62 m/s (prev. 1.41 m/s)
 RVOT - 0.83 m/s (prev. 0.92 m/s)
 MR - 4.91 m/s (prev. 5.23 m/s)
 TR -2.26 m/s (prev. 2.43 m/s)

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease

BREED

Labradoodle

This examination demonstrates mild progression of Taji's mitral valve disease over the past 16 months, as he now has mild to moderate mitral regurgitation present, with mild secondary dilation of both his left atrium and left ventricle. As only mild dilation is present, Taji's mitral valve disease still appears to be well-compensated, and his current risk for the development of clinical signs secondary to it, such as coughing, exercise intolerance, syncope, and labored breathing, still appears to be relatively low.

SEX

MN

Taji's tricuspid valve disease is still mild and well-compensated.

AGE

14 y

Taji'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.

WEIGHT

23.2 kg

I recommend starting Taji on pimobendan (7.5 mg am, 5 mg pm), as this medication should help to slow the progression of his mitral valve disease, as well as decrease his risk for general anesthesia.

HOSPITAL NAME

Westview VH

A recheck echocardiogram is recommended in 9-12 months. Thoracic radiographs are recommended if Taji experiences respiratory clinical signs.

REFERRING VET

Dr. Barnes



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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.

PATIENT

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23.2 kg

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Westview VH

REFERRING VET

Dr. Barnes

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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