


PRESENTING CLINICAL SIGNS

DATE History: Low-grade left apical murmur. Pre-anesthetic evaluation (dental). ECG WNL.

6/27/23 **ECHOCARDIOGRAPHIC FINDINGS**

2D, M-mode, and Doppler study.

PERFORMED BY: Left atrial size is normal. The mitral valve is normal. There is mild left ventricular dilation. Left ventricular systolic function is mildly depressed. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve is normal. The pulmonary artery and pulmonic valve are normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

Dr. Meredith Swart

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

LA - 41.8 mm
LVIDd - 49.7 mm
LVIDs - 38.5 mm
FS - 22.5%
RA - 34.3 mm
LVOT - 1.79 m/s
RVOT - 1.42 m/s

PATIENT

Roscoe Publicover

ASSESSMENT/RECOMMENDATIONS

Dilated cardiomyopathy (DCM)

SPECIES

Canine

This examination demonstrates mild depression of Roscoe's left ventricular systolic function, consistent with the presence of DCM. It's possible that Roscoe could be suffering from a primary genetic-based form of the disease, however, consideration should also be given to the presence of a diet-associated cardiomyopathy if Roscoe is receiving one that has been linked to the development of myocardial dysfunction (ex. grain-free, diets high in peas, lentils, legumes, potatoes, sweet potatoes). Secondary to his myocardial dysfunction, Roscoe has mild dilation of his left ventricle, though his left atrial size is normal. Given the absence of left atrial dilation, Roscoe's current risk for the development of left-sided congestive heart failure appears to be low, however, his risk for the development of exercise intolerance, syncope, and/or arrhythmia formation is a bit higher, and careful monitoring for these is recommended.

BREED

Shepherd Mix

SEX

MN

Roscoe'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%. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

AGE

7 y

A diet change would be warranted if Roscoe is receiving one that has been linked to the development of cardiomyopathy in dogs. If he is, supplementation with taurine (1000 mg BID) may also be warranted.

WEIGHT

27 kg

Recommended therapy to help support Roscoe's myocardial function includes pimobendan (7.5 mg BID) and enalapril (15 mg am, 10 mg pm).

HOSPITAL NAME

A renal/electrolyte profile is recommended in 1-2 weeks. A recheck echocardiogram is recommended in 6 months.

Swart Veterinary
Imaging

REFERRING VET

Dr. Swart



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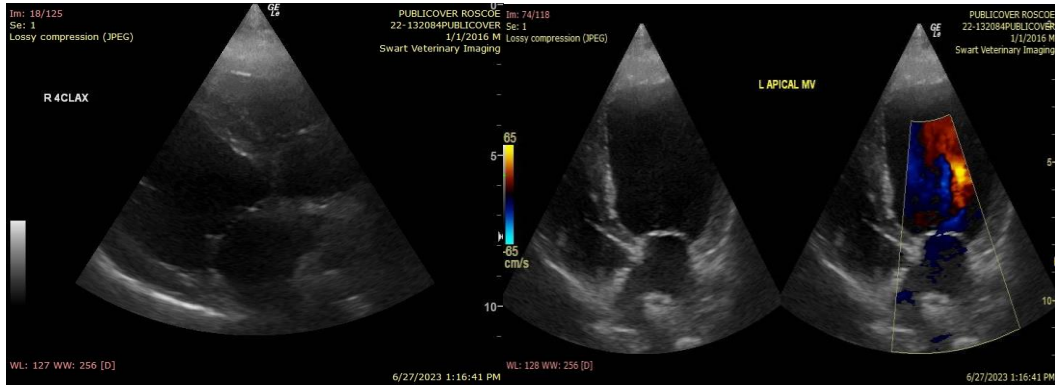
27 kg

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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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