



PRESENTING CLINICAL SIGNS

DATE History: ECG consistent with sick sinus syndrome – second-degree AV block, APCs, SVT. Receiving diltiazem (7.5 mg TID).

7/11/23

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Kelly Vazquez

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

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

LA – 26.3 mm
LVIDd – 26.4 mm
LVIDs – 15.6 mm
FS – 40.9%
RA – 18.1 mm
LVOT – 1.69 m/s
RVOT – 1.25 m/s

PATIENT

Lexi Kobovitch

ASSESSMENT/RECOMMENDATIONS

SPECIES Degenerative mitral valve disease

Canine

This examination demonstrates mild regurgitation of blood across Lexi’s mitral valve resulting from degenerative valve disease. The hemodynamic effects of the regurgitation also appear to be mild, as Lexi does not have secondary dilation of either of her left heart chambers, and her left ventricular systolic function is well-preserved. As such, Lexi’s mitral valve disease appears to be well-compensated, and her current risk for the development of left-sided congestive heart failure appears to be low.

BREED

Min. Pinscher Mix

SEX

FS

Should Lexi require pacemaker implantation due to the development of hemodynamically significant bradycardia, no contraindication to general anesthesia is seen based on her echocardiogram. Having said that, her sinus node dysfunction certainly does increase her anesthetic risk, and temporary transthoracic pacemaker leads should be placed while anesthetized in case Lexi’s bradycardia worsens prior to final placement of the intracardiac pacemaker lead(s). Avoidance of alpha-2 agonists is also recommended, as they can worsen Lexi’s bradycardia.

AGE

13 y

No therapy is recommended at this stage of Lexi’s mitral valve disease.

WEIGHT

18 lb

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

HOSPITAL NAME

North Haledon VC

REFERRING VET

Dr. Mansfield



DATE

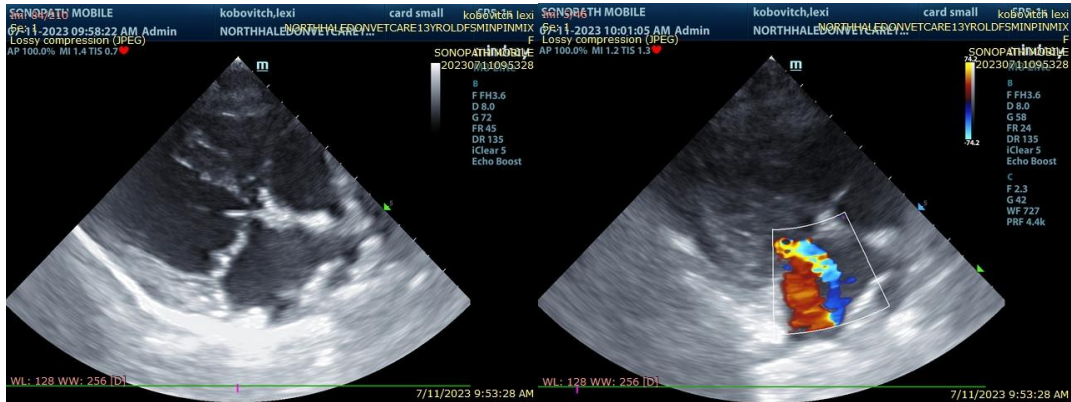
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PATIENT

Lexi Kobovitch

SPECIES

Canine

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BREED

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AGE

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WEIGHT

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HOSPITAL NAME

North Haledon VC

REFERRING VET

Dr. Mansfield

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.