



PRESENTING CLINICAL SIGNS

History: Recheck degenerative valve disease. Pre-anesthetic evaluation (dental). Asymptomatic.

DATE

No current medications.

7/15/22

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 mildly thickened and exhibit mild systolic prolapse. A mild to moderate jet of eccentric 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 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 shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

PATIENT

Max Robustelli

LA - 27.5 mm
LVIDd - 27.4 mm
LVIDs - 17.2 mm
FS - 37%
RA - 18.9 mm
LVOT - 1.54 m/s
RVOT - 0.84 m/s
TR - 2.59 m/s

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease

BREED

This examination demonstrates no progression of Max's mitral valve disease over the past year.

CKCS

As such, his disease still appears to be well-compensated, and Max's current risk for the development of clinical signs secondary to it, such as coughing, exercise intolerance, syncope, and labored breathing, still appears to be low.

SEX

New to today's exam is mild regurgitation of blood across Max's tricuspid valve. The hemodynamic effects of the regurgitation are negligible at present, and Max's tricuspid valve disease is well-compensated.

MN

AGE

11 y

Max'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 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

20.5 lb

No therapy is recommended at this stage of Max's valvular diseases.

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

HOSPITAL NAME

Basking Ridge AH

REFERRING VET

Dr. Rotella



DATE

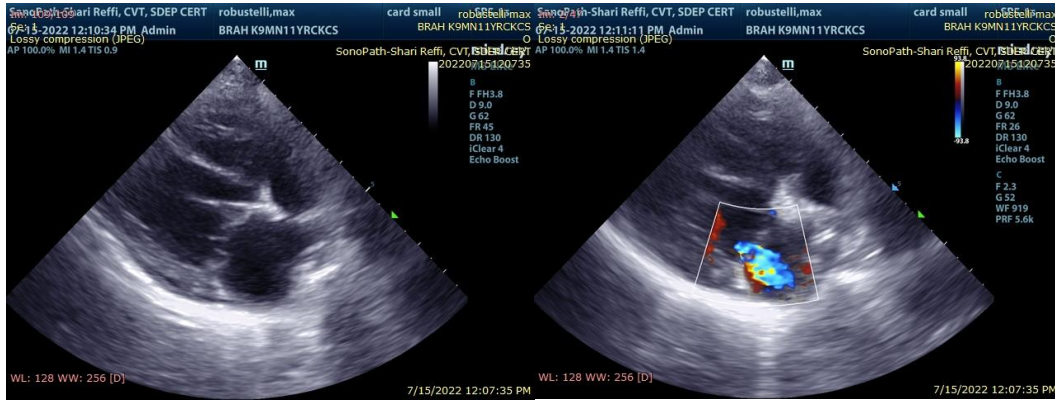
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

PATIENT

Max Robustelli

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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