



**PRESENTING CLINICAL SIGNS**

History: Pre-anesthetic ECG showed occasional VPCs.

**DATE**

7/21/22

**ECHOCARDIOGRAPHIC FINDINGS**

2D, M-mode, and Doppler study.

**PERFORMED BY:**

Tasha

Left atrial size is normal. The mitral valve appears normal. Left ventricular dimensions are normal. Left ventricular systolic function is normal. The aorta and aortic valve appear normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve appears normal. The pulmonary artery and pulmonic valve appear normal. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

**INTERPRETED BY**

Keith Blass, DVM,  
MS, DACVIM  
(Cardiology)

LA - 43.7 mm  
LVIDd - 41.7 mm  
LVIDs - 25.0 mm  
FS - 40%  
LVOT - 0.79 m/s  
RVOT - 0.86 m/s

**PATIENT**

Gus Gabriel

**ASSESSMENT/RECOMMENDATIONS**

Normal echocardiogram

**SPECIES**

Canine

This examination demonstrates no evidence of structural heart disease. As such, no reason for Gus's VPCs is appreciated in the image set.

**BREED**

Pit Bull

Gus's cardiovascular risk for general anesthesia is not increased based on this exam, however, given the presence of VPCs, some precautions should be taken. I recommend avoiding the use of alpha-2 agonists, ketamine, telazol, and, if possible, anticholinergics in the anesthetic protocol. Careful monitoring of Gus's heart rhythm is recommended during the procedure, and lidocaine (2 mg/kg slow IV) should be available in case a significant ventricular arrhythmia develops.

No therapy is recommended based on this exam.

**SEX**

MN

A recheck echocardiogram is recommended if new physical exam and/or clinical abnormalities suggestive of cardiac dysfunction develop.

**AGE**

8 y

**WEIGHT**

78 lb



**HOSPITAL NAME**

Dillsburg VC

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.

**REFERRING VET**

Dr. Jacobs



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.

**DATE**

7/21/22 **Keith Blass, DVM, MS, DACVIM (Cardiology)**  
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**PATIENT**

Gus Gabriel

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Dr. Jacobs