



PRESENTING CLINICAL SIGNS

History: Grade 3-4/6 left-sided systolic murmur. Pre-anesthetic evaluation (dental).

DATE

7/26/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Kelly Vazquez

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

There is very mild left atrial dilation. The mitral valve leaflets are mildly thickened and exhibit systolic prolapse. A mild to moderate jet of eccentric mitral regurgitation is present. There is very 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 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.

LA - 25.7 mm
LVIDd - 25.9 mm
LVIDs - 11.8 mm
FS - 54%
LVOT - 1.78 m/s
RVOT - 1.05 m/s

PATIENT

Mia Hunter

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral valve disease

SPECIES

Canine

This examination demonstrates mild to moderate regurgitation of blood across Mia's mitral valve resulting from degenerative valve disease. Secondary to her regurgitation, Mia has very mild dilation of both her left atrium and left ventricle, though her left ventricular systolic function is well-preserved. As only very mild left heart chamber dilation is present, Mia's mitral valve disease appears to be well-compensated, and her current risk for the development of clinical signs secondary to her disease, such as coughing, exercise intolerance, syncope, and labored breathing, appears to be relatively low.

BREED

Maltese

Mia'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.

SEX

FS

AGE

13 y

I recommend starting Mia on pimobendan (1.25 mg BID), as this medication should help to slow the progression of her mitral valve disease, as well as decrease her risk for general anesthesia.

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

WEIGHT

11.6 lb

HOSPITAL NAME

Ringwood AH

REFERRING VET

Dr. Wilkes



DATE

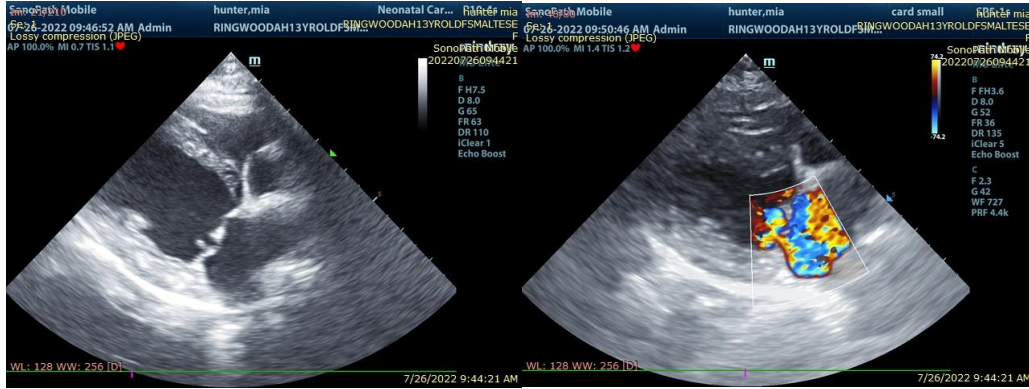
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

PATIENT

Mia Hunter

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)
KeithBlass@gmail.com
631-804-5754

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