


PRESENTING CLINICAL SIGNS

History: Grade IV/VI murmur. Possible syncopal episode. Pre-anesthetic evaluation. Receiving Clavamox for a UTI.

DATE

7/27/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Shari Reffi, CVT

INTERPRETED BY

 Keith Blass, DVM,
 MS, DACVIM
 (Cardiology)

There is mild to moderate left atrial dilation. The mitral valve leaflets are thickened and exhibit systolic prolapse. A moderate jet of eccentric mitral regurgitation is present. There is mild to moderate left ventricular dilation. Left ventricular systolic function is mildly hyperdynamic. 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 is consistent with the presence of moderate pulmonary hypertension (PG 47.6 mmHg). The pulmonary artery and pulmonic valve appear normal, though trace pulmonic insufficiency is present. No pericardial effusion or cardiac masses are seen.

PATIENT

Vee Olsen

 LA - 40.7 mm
 LVIDd - 40.7 mm
 LVIDs - 22.9 mm
 FS - 43.7%
 RA - 28.1 mm
 LVOT - 1.96 m/s
 RVOT - 1.07 m/s
 TR - 3.45 m/s

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS

 Degenerative mitral and tricuspid valve disease
 Pulmonary hypertension

BREED

Beagle

This examination demonstrates regurgitation of blood across Vee's mitral and tricuspid valves resulting from degenerative valve disease. Vee's tricuspid valve disease is mild, and appears to be well-compensated at this time. His mitral valve disease is more advanced, as Vee has moderate mitral regurgitation present, with mild to moderate secondary dilation of both his left atrium and left ventricle, as well as mild to moderate secondary pulmonary hypertension. Both Vee's mitral valve disease and pulmonary hypertension are advanced enough to be able to result in syncope, therefore, one or both diseases likely contributed to his possible syncopal episode. In addition to syncope, Vee is at risk for the development of a cough, exercise intolerance, and labored breathing, therefore, careful monitoring for these signs is recommended.

SEX

MN

AGE

8 y

Vee's cardiovascular risk for general anesthesia is 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, reducing the IV fluid rate by 50%, and pre-oxygenating Vee for a few minutes prior to induction. If possible, monitoring of Vee's heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

WEIGHT

29 lb

Recommended therapy based on this exam includes pimobendan (3.75 mg BID) and sildenafil (20 mg am, 10 mg pm).

HOSPITAL NAME

Byram AH

A recheck echocardiogram is recommended in 6 months. Thoracic radiographs are recommended if Vee experiences respiratory clinical signs.

REFERRING VET

Dr. Curz



DATE

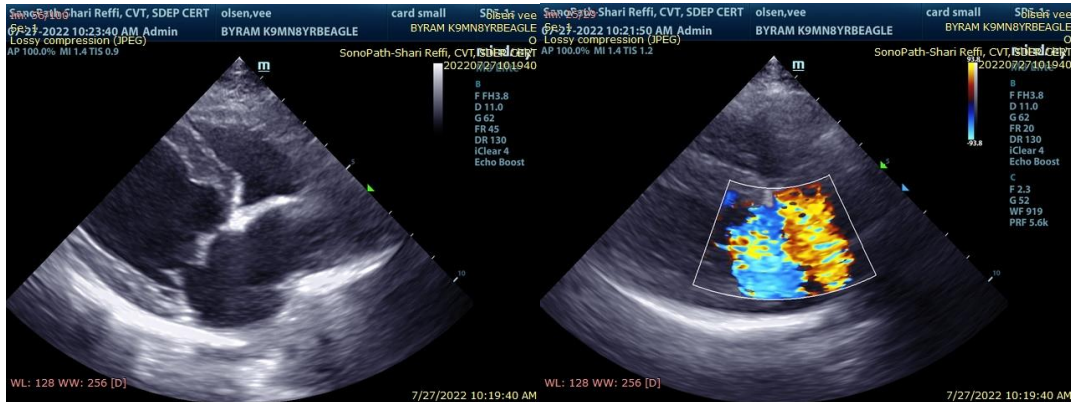
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PATIENT

Vee Olsen

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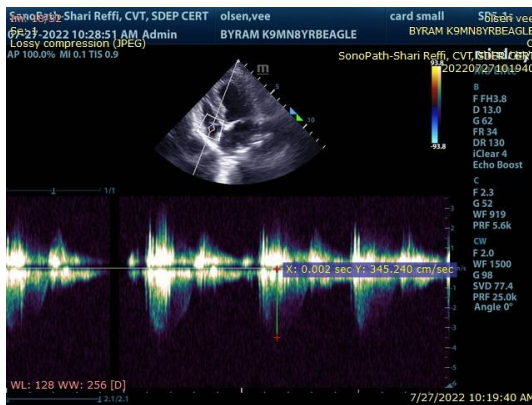
29 lb

HOSPITAL NAME

Byram AH

REFERRING VET

Dr. Curz



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.

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