


PRESENTING CLINICAL SIGNS

History: Elevated NT-proBNP. Pre-anesthetic evaluation (dental).

DATE

7/29/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Tom McNeill

Left atrial size is normal. The mitral valve leaflets are very mildly thickened, and a very 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 is normal. 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 - 23.4 mm
 LVIDd - 23.0 mm
 LVIDs - 16.4 mm
 FS - 28.7%
 RA - 18.7 mm
 LVOT - 0.78 m/s
 RVOT - 0.71 m/s

PATIENT

Nova Williams

ELECTROCARDIOGRAPHIC FINDINGS

A single lead ECG is submitted for review.

SPECIES

HR: 120 bpm
 Rhythm: Sinus

Canine

Normal sinus rhythm is present throughout this recording. All complex amplitudes and intervals are within normal limits. No premature beats or conduction blocks are seen.

BREED

Americal Eskimo

RADIOGRAPHIC FINDINGS

Three-view thoracic radiographs are submitted for review.

The cardiac silhouette is normal in size, with no specific chamber enlargement present. The pulmonary vessels are within normal limits. The pulmonary parenchyma and pleural space are within normal limits. There is narrowing of the caudal cervical trachea in the left lateral image. The remainder of the thorax is unremarkable.

SEX

FS

ASSESSMENT/RECOMMENDATIONS
AGE

Degenerative mitral valve disease

10 y

Nova's echocardiogram demonstrates very mild regurgitation of blood across her mitral valve resulting from degenerative valve disease. The hemodynamic effects of the regurgitation also appear to be mild, as Nova does not have secondary dilation of either of her left heart chambers. As such, Nova's mitral valve disease appears to be well-compensated, and her current risk for the development of clinical signs secondary to it appears to be low.

WEIGHT

16.2 lb

Nova's thoracic radiographs are unremarkable, save for the presence of dynamic tracheal collapse. Her ECG shows no abnormalities.

HOSPITAL NAME

SVS Imaging CT

Nova's cardiovascular risk for general anesthesia is only very mildly increased based on these exams, though I still recommend avoiding the use of alpha-2 agonists in the anesthetic protocol and reducing the IV fluid rate by 15% as precautions.

REFERRING VET

Dr. Gallick



No therapy is recommended based on these exams.

DATE A recheck echocardiogram is recommended in 6-9 months to monitor for disease progression.

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SPECIES

Canine

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10 y

WEIGHT

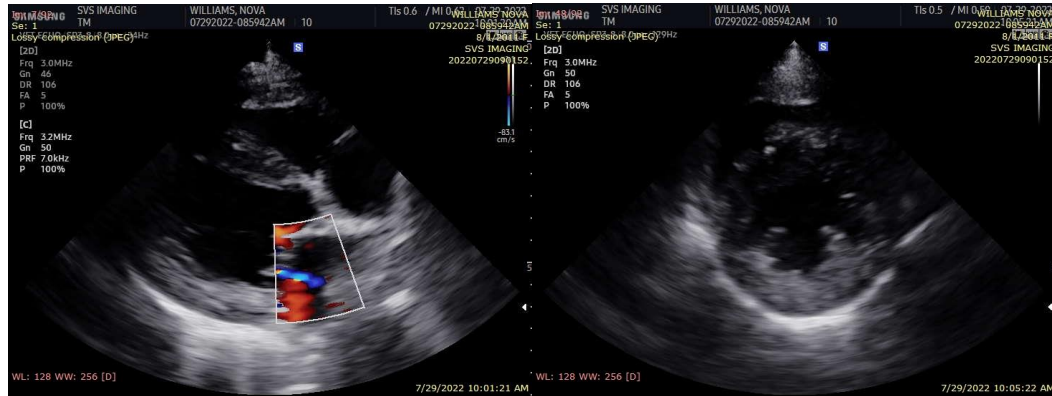
16.2 lb

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

Dr. Gallick



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.

Keith Blass, DVM, MS, DACVIM (Cardiology)
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