


RESENTING CLINICAL SIGNS

DATE History: Pre-anesthetic ECG on 6/27 showed 1st and 2nd-degree AV block (HR 61 bpm) and mild axis deviation. No murmur. Atropine response test resulted in an increase in HR to 141 bpm but persistent AV block.

7/6/22

ECHOCARDIOGRAPHIC FINDINGS

PERFORMED BY: 2D, M-mode, and Doppler study.

Loetitia Saint-Jacques, LVT, RVT

Left atrial size is normal. The mitral valve appears normal, though trace diastolic mitral regurgitation is present. Left ventricular dimensions are normal. Left ventricular systolic function is normal. The aorta and aortic valve appear normal, though trace aortic insufficiency is present.

INTERPRETED BY

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.

Keith Blass, DVM, MS, DACVIM (Cardiology)

LA - 41.1 mm
 LVIDd - 40.7 mm
 LVIDs - 24.5 mm

PATIENT

FS - 39.8%
 RA - 24.9 mm
 LVOT - 1.69 m/s
 RVOT - 1.16 m/s

Lani Darlington

ASSESSMENT/RECOMMENDATIONS

SPECIES Normal echocardiogram

Canine

This examination demonstrates no evidence of structural heart disease, as trace diastolic mitral regurgitation is an expected finding in dogs with 2nd-degree AV block. As such, no reason for Lani's AV block is appreciated in the image set. While I'm please that Lani's heart rate increased following atropine administration, the continued presence of AV block indicates that it's unlikely that her block is entirely vagally-mediated.

BREED

Husky

SEX

Lani's cardiovascular risk for general anesthesia is not increased based on her echocardiogram, and it's difficult to say how much it is increased based on her arrhythmia given that some degree of AV block was still present following atropine administration. Given this, it's unclear if Lani's heart rate will increase appropriately in response to atropine/glycopyrrolate if needed, and consideration should be given to placing temporary transthoracic pacing electrodes as a precaution to use if atropine-unresponsive bradycardia develops during the procedure. I also recommend pre-medicating Lani with atropine or glycopyrrolate, as well as avoiding the use of medications that can worsen Lani's AV block, such as alpha-2 agonists.

FS

AGE

9 y

No therapy is recommended based on Lani's echocardiogram. At-home therapy for her AV block is unlikely to be necessary if she is asymptomatic for it.

WEIGHT

A recheck echocardiogram is recommended if new physical exam and/or clinical abnormalities suggestive of structural heart disease develop.

57 lb

HOSPITAL NAME

Pinon VH

REFERRING VET

Dr. Thomas



DATE

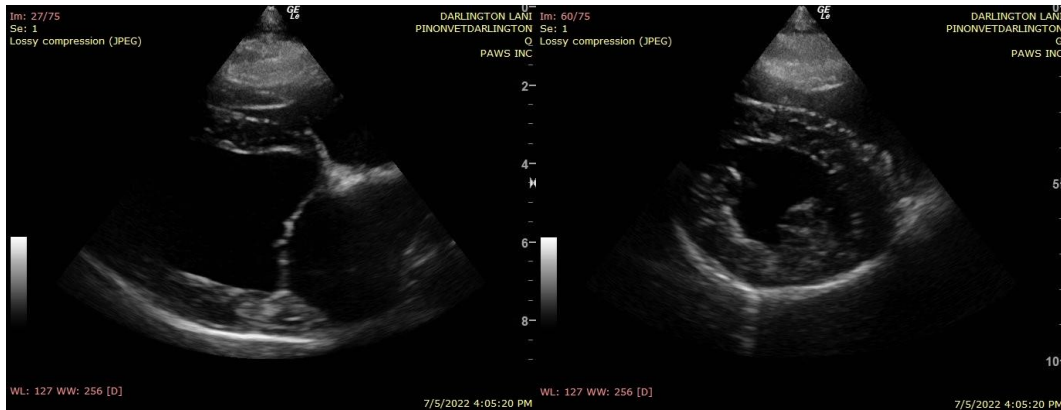
7/6/22

PERFORMED BY:

Loetitia Saint-Jacques, LVT, RVT

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)



PATIENT

Lani Darlington

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.

SPECIES

Canine

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631-804-5754

BREED

Husky

SEX

FS

AGE

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WEIGHT

57 lb

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Dr. Thomas