


PRESENTING CLINICAL SIGNS
DATE

History: Grade 4/6 murmur. Worsening cough. Perihilar crackles, RR 42. Radiographs show mild cardiomegaly and low-grade alveolar pattern in perihilar region. Previous echo in April 2020 showed degenerative valve disease. No current cardiac medications. Pre-anesthetic evaluation.

8/17/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Dr. Ebersole

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 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 is normal. The pulmonary artery and pulmonic valve are normal. No heartworms are visualized. No shunting lesions are visualized. No pericardial effusion or cardiac masses are seen.

INTERPRETED BY

 Keith Blass, DVM,
 MS, DACVIM
 (Cardiology)

 LA - 29.4 mm
 LVIDd - 26.2 mm
 LVIDs - 13.9 mm
 FS - 46.9%
 RA - 14.8 mm
 LVOT - 1.30 m/s
 RVOT - 0.76 m/s

PATIENT

Zoe Enders

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral valve disease

BREED

Chihuahua

This examination demonstrates moderate regurgitation of blood across Zoe's mitral valve resulting from her previously diagnosed degenerative valve disease. Secondary to her regurgitation, Zoe has mild to moderate dilation of her left atrium and mild dilation of her left ventricle, though her left ventricular systolic function is well-preserved. Given the presence of mild to moderate left atrial dilation, it's possible that Zoe's pulmonary infiltrate could be due to the presence of cardiogenic pulmonary edema.

SEX

FS

I recommend starting Zoe 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. If the infiltrate in Zoe's radiographs is consistent with pulmonary edema, additional therapy with furosemide (10 mg BID) and enalapril (2.5 mg am, 1.25 mg pm) would be warranted.

AGE

13 y

Zoe's cardiovascular risk for general anesthesia is mildly to moderately increased based on this exam, therefore, precautions should be taken in order to minimize this risk, and anesthesia should only proceed after Zoey's respiratory rate/effort has returned to normal and has remained so for a week or two. When anesthesia can proceed, 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 50%. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

WEIGHT

9.7 lb

HOSPITAL NAME

Scanvet

Recheck radiographs and a renal/electrolyte profile are recommended in 1 week if furosemide and enalapril are started. A recheck echocardiogram is recommended in 9 months.

REFERRING VET

Dr. Bailey



DATE

8/17/22

PERFORMED BY:

Dr. Ebersole

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)



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.

PATIENT

Zoe Enders

Keith Blass, DVM, MS, DACVIM (Cardiology)
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631-804-5754

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