


PRESENTING CLINICAL SIGNS

 History: Grade 3/6 left-sided systolic murmur. Mild cardiomegaly (VHS 10.8) but no LAE (VLAS 2.0).
 Pre-anesthetic evaluation (COHAT).

DATE

8/24/23

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Julia Bakker, DVM

INTERPRETED BY

 Keith Blass, DVM,
 MS, DACVIM
 (Cardiology)

Left atrial size is normal. The mitral valve leaflets are thickened and exhibit systolic prolapse. There is Doppler evidence of mitral regurgitation present. Left ventricular dimensions are normal. Left ventricular systolic function is hyperdynamic. The aorta and aortic valve appear normal, though trace aortic insufficiency is present. 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 heartworms are visualized. No pericardial effusion or cardiac masses are seen.

 LA - 30.0 mm
 LVIDd - 26.1 mm
 LVIDs - 11.9 mm
 FS - 54.4%
 RA - 23.9 mm
 LVOT - 1.36 m/s
 RVOT - 1.01 m/s

PATIENT

Teddy Gianetti

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral valve disease

BREED

Shih Tzu Mix

This examination demonstrates regurgitation of blood across Teddy's mitral valve resulting from degenerative valve disease. The hemodynamic effects of the regurgitation appear to be mild, as Teddy does not have secondary dilation of either of his left heart chambers, and his left ventricular systolic function is well-preserved. As such, Teddy's mitral valve disease appears to be well-compensated, and his current risk for the development of clinical signs secondary to it, such as coughing, exercise intolerance, syncope, and labored breathing, appears to be low.

SEX

Teddy's cardiovascular risk for general anesthesia is only very mildly increased based on this exam, though I still recommend avoiding the use of alpha-2 agonists in the anesthetic protocol and reducing the IV fluid rate by 25% as precautions. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

MN
AGE

No therapy is recommended at this stage of disease.

14 y

A recheck echocardiogram is recommended in ~6 months to monitor for disease progression.

WEIGHT

22 lb

HOSPITAL NAME

Orange Blossom VI

REFERRING VET

Dr. Pearl



DATE

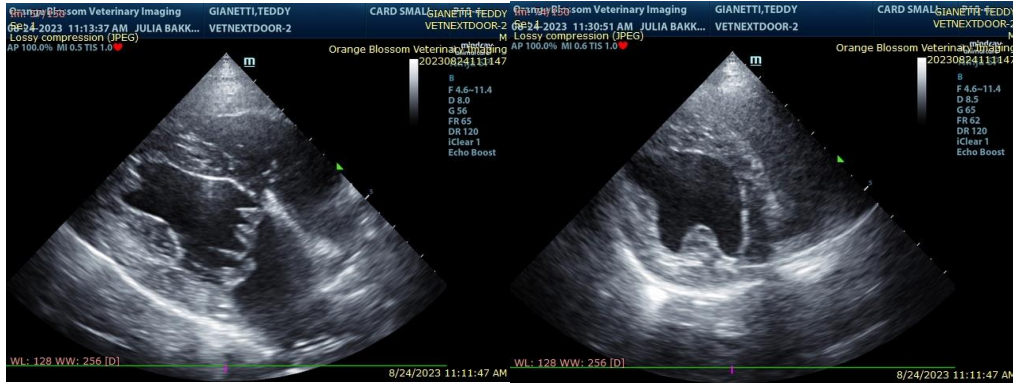
8/24/23

PERFORMED BY:

Julia Bakker, DVM

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

Teddy Gianetti

Keith Blass, DVM, MS, DACVIM (Cardiology)
KeithBlass@gmail.com
631-804-5754

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

MN

AGE

14 y

WEIGHT

22 lb

HOSPITAL NAME

Orange Blossom VI

REFERRING VET

Dr. Pearl