

PRESENTING CLINICAL SIGNS

History: Pre-anesthetic ECG showed a right-axis deviation. Asymptomatic.

DATE

8/26/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Sarah Pender, CVT

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

There is very mild left atrial dilation. The mitral valve leaflets are mildly thickened, and a mild jet of mitral regurgitation is present. There is very 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 leaflets are mildly thickened, and a mild jet of tricuspid regurgitation is present. TR velocity does not suggest the presence of pulmonary hypertension. 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 - 28.3 mm
LVIDd - 30.6 mm
LVIDs - 18.7 mm
FS - 38.9%

PATIENT

Henry Carber

RA - 19.2 mm
LVOT - 1.84 m/s
RVOT - 0.68 m/s
TR - 2.25 m/s

SPECIES

Canine

BREED

Schnauzer Mix

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease

This examination demonstrates mild regurgitation of blood across Henry's mitral and tricuspid valves resulting from degenerative valve disease. The hemodynamic effects of each of the regurgitations also appear to be mild, as Henry does not have secondary dilation of any of his cardiac chambers. As such, Henry's valvular diseases appear to be well-compensated, and his current risk for the development of clinical signs secondary to them, such as coughing, exercise intolerance, syncope, abdominal distension, and labored breathing, appears to be low.

SEX

MN

Henry's cardiovascular risk for general anesthesia is mildly increased based on this exam, therefore, some 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, as well as reducing the IV fluid rate by 25%. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

AGE

9 y

No therapy is recommended at this stage of Henry's valvular diseases.

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

WEIGHT

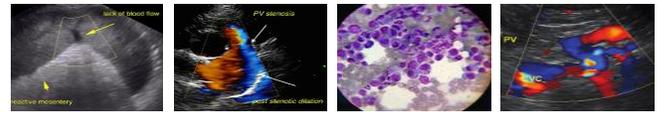
20 lb

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Elliott



DATE

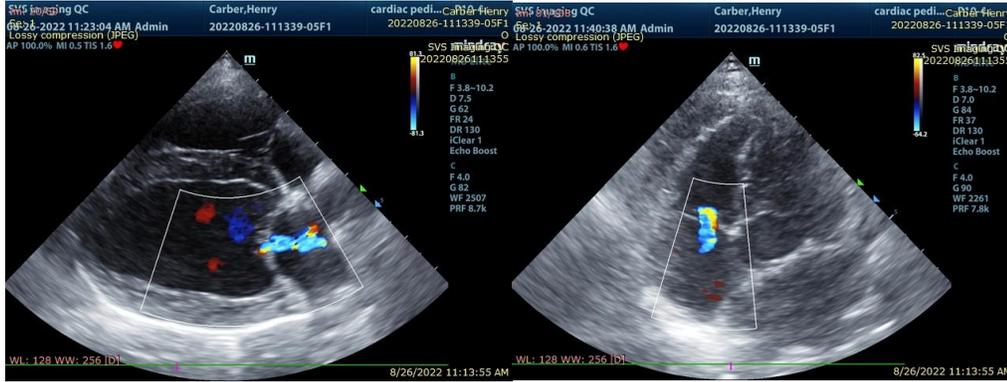
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

PATIENT

Henry Carber

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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631-804-5754

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