


**PRESENTING CLINICAL SIGNS**

**DATE** History: Murmur. Asymptomatic. Pre-dental evaluation.

8/31/21 **ECHOCARDIOGRAPHIC FINDINGS**

2D, M-mode, and Doppler study.

**PERFORMED BY:** There is 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 moderate left ventricular dilation. Left ventricular systolic function is mildly hyperdynamic. The aorta and aortic valve appear normal, though very mild aortic insufficiency is present. 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 appear normal, though trace pulmonic insufficiency is present. No pericardial effusion or cardiac masses are seen.

Dr. Meredith Swart

**INTERPRETED BY**

Keith Blass, DVM,  
MS, DACVIM  
(Cardiology)

**PATIENT**

Katinka Kennedy

LA - 35.0 mm  
LVIDd - 33.0 mm  
LVIDs - 18.3 mm  
FS - 44.5%  
LVOT - 1.38 m/s  
RVOT - 1.00 m/s  
TR - 2.01 m/s

**SPECIES**

Canine

**ASSESSMENT/RECOMMENDATIONS**

Degenerative mitral and tricuspid valve disease

**BREED**

Coton de Tulear

This examination demonstrates regurgitation of blood across Katinka's mitral and tricuspid valves resulting from degenerative valve disease. Katinka's tricuspid valve disease is mild, and appears to be well-compensated at this time. Her mitral valve disease is more advanced, as Katinka has moderate mitral regurgitation present, with moderate secondary dilation of both his left atrium and left ventricle, though her left ventricular systolic function is well-preserved. Katinka's mitral valve disease is still compensated, however, its severity indicates that she is at risk for the development of clinical signs, such as coughing, exercise intolerance, syncope, and labored breathing.

**SEX**

FS

**AGE**

9 y

Katinka's cardiovascular risk for general anesthesia, especially her risk for fluid overload, is moderately increased based on this exam, therefore, 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 50%. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

**WEIGHT**

15 lb

I recommend starting Katinka on pimobendan (2.5 mg am, 1.25 mg pm), as this medication should help to slow the progression of her mitral valve disease, as well as decrease her risk for general anesthesia.

**HOSPITAL NAME**

Swart Veterinary  
Imaging

A recheck echocardiogram is recommended in 6-9 months. Thoracic radiographs are recommended if Katinka experiences respiratory clinical signs.

**REFERRING VET**

Dr. Swart

