

PRESENTING CLINICAL SIGNS

History: Grade 2/6 left-sided murmur. Asymptomatic. Pre-dental evaluation.

DATE

9/1/21

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Dr. Brian Barnes

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

Left atrial size is normal. The mitral valve leaflets are thickened and exhibit mild systolic prolapse. A mild to moderate jet of eccentric mitral regurgitation is present. Left ventricular dimensions are normal. Left ventricular systolic function is mildly 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 appear normal, though trace pulmonic insufficiency is present. No pericardial effusion or cardiac masses are seen.

ECG during echo: Sinus rhythm

PATIENT

Jackson St. Johns

LA - 36.6 mm
LVIDd - 37.8 mm
LVIDs - 21.9 mm
FS - 42%
RA - 25.5 mm
LVOT - 1.41 m/s
RVOT - 1.08 m/s
TR - 2.28 m/s

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS

Degenerative mitral and tricuspid valve disease

BREED

Cocker Spaniel

This examination demonstrates regurgitation of blood across Jackson's mitral and tricuspid valves resulting from degenerative valve disease. Jackson's tricuspid valve disease is mild, and appears to be well-compensated at this time. His mitral valve disease is slightly more advanced, as Jackson has mild to moderate mitral regurgitation present, however, he does not have secondary dilation of either of his left heart chambers. As such, Jackson'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 relatively low.

SEX

MN

AGE

11 y

Jackson'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 525%. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

WEIGHT

19.6 kg

No therapy has been proven to be beneficial at this stage of Jackson's mitral valve disease, therefore, no therapy is recommended at this time.

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

HOSPITAL NAME

Westview VH

REFERRING VET

Dr. Barnes



DATE

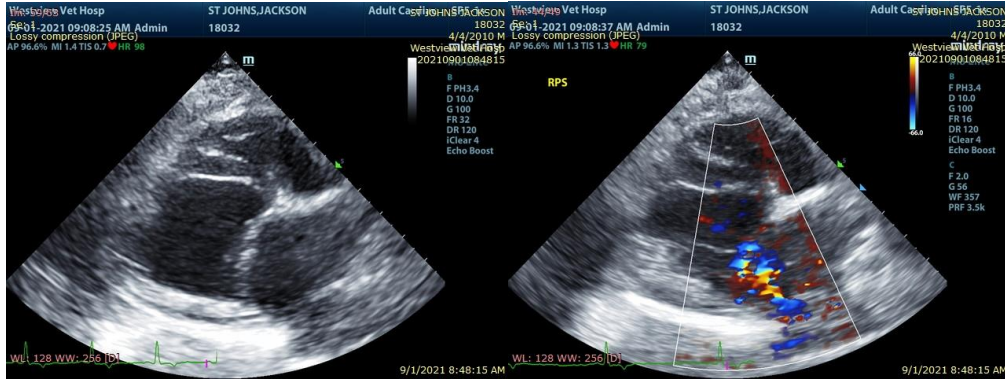
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

PATIENT

Jackson St. Johns

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

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