



**PRESENTING CLINICAL SIGNS**

History: Grade III/VI left-sided murmur.

**DATE**

9/16/22

**ECHOCARDIOGRAPHIC FINDINGS**

2D, M-mode, and Doppler study.

**PERFORMED BY:**

Kim Liedberg

**INTERPRETED BY**

Keith Blass, DVM,  
MS, DACVIM  
(Cardiology)

There is mild left atrial dilation. The mitral valve leaflets are mildly thickened and exhibit systolic prolapse. A mild to moderate jet of eccentric mitral regurgitation is present. There is mild left ventricular dilation. Left ventricular systolic function is normal. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve appears normal, though trace tricuspid regurgitation is present. The pulmonary artery and pulmonic valve appear normal, though trace pulmonic insufficiency is present. No pericardial effusion or cardiac masses are seen.

LA - 34.5 mm  
LVIDd - 34.3 mm  
LVIDs - 22.1 mm  
FS - 35.6%  
RA - 21.5 mm  
LVOT - 1.95 m/s  
RVOT - 1.08 m/s

**PATIENT**

Choe King

**ASSESSMENT/RECOMMENDATIONS**

Degenerative mitral valve disease

**SPECIES**

Canine

This examination demonstrates mild to moderate regurgitation of blood across Chloe's mitral valve resulting from degenerative valve disease. Secondary to her regurgitation, Chloe has mild dilation of both her left atrium and left ventricle, though her left ventricular systolic function is normal. As only mild left heart chamber dilation, Chloe's current risk for the development of clinical signs secondary to her mitral valve disease, such as coughing, exercise intolerance, syncope, and labored breathing, appears to be relatively low, though careful monitoring for these signs is recommended going forward.

**BREED**

Rat Terrier

**SEX**

FS

Chloe'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

I recommend starting Chloe on pimobendan (2.5 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.

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

**WEIGHT**

23 lb

**HOSPITAL NAME**

SVS Imaging WI

**REFERRING VET**

Dr. Miller



DATE

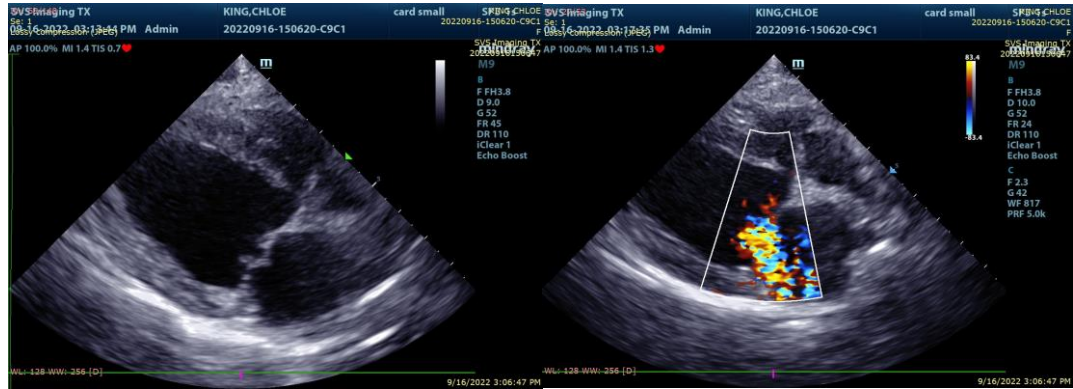
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

PATIENT

Choe King

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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KeithBlass@gmail.com  
631-804-5754

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Rat Terrier

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AGE

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