


PRESENTING CLINICAL SIGNS

History: Grade IV/VI left-sided murmur. Some recent coughing. VHS 11. Pre-anesthetic evaluation (dental).

DATE

9/7/22

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Shari Reffi, CVT

INTERPRETED BY

 Keith Blass, DVM,
 MS, DACVIM
 (Cardiology)

There is mild left atrial dilation. The mitral valve leaflets are thickened and exhibit systolic prolapse. A moderate jet of mitral regurgitation is present. There is 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 is consistent with the presence of mild pulmonary hypertension (PG 36 mmHg). 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.

PATIENT

Laylah Lert

 LA - 33.6 mm
 LVIDd - 31.8 mm
 LVIDs - 16.6 mm
 FS - 47.8%
 RA - 24.4 mm
 LVOT - 0.98 m/s
 RVOT - 0.80 m/s
 TR - 3.00 m/s

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS

 Degenerative mitral and tricuspid valve disease
 Pulmonary hypertension

BREED

Mixed

This examination demonstrates regurgitation of blood across Laylah's mitral and tricuspid valves resulting from degenerative valve disease. Laylah's tricuspid valve disease is mild, and appears to be well-compensated at this time. Her mitral valve disease is a bit more advanced, as Laylah has moderate mitral regurgitation present, with mild secondary dilation of both her left atrium and left ventricle, as well as mild secondary pulmonary hypertension. As only mild left heart chamber dilation is present, it's unlikely that Laylah's cough is cardiogenic in origin, and her current risk for the development of left-sided congestive heart failure appears to be relatively low, though careful monitoring of her respiratory rate/effort is recommended going forward.

SEX

FS

AGE

15 y

Laylah's cardiovascular risk for general anesthesia is mildly to moderately 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 25-50%. If possible, monitoring of heart rhythm, blood pressure, and pulse oximetry are recommended during the procedure.

WEIGHT

16.8 lb

I recommend starting Laylah on pimobendan (2.5 mg BID), as this medication should help to slow the progression of her valvular diseases, as well as reduce her risk for anesthesia.

HOSPITAL NAME

Milburn VH

A recheck echocardiogram is recommended in 6 months. Repeat thoracic radiographs are recommended if Laylah experiences labored breathing.

REFERRING VET

Dr. Turowsky



DATE

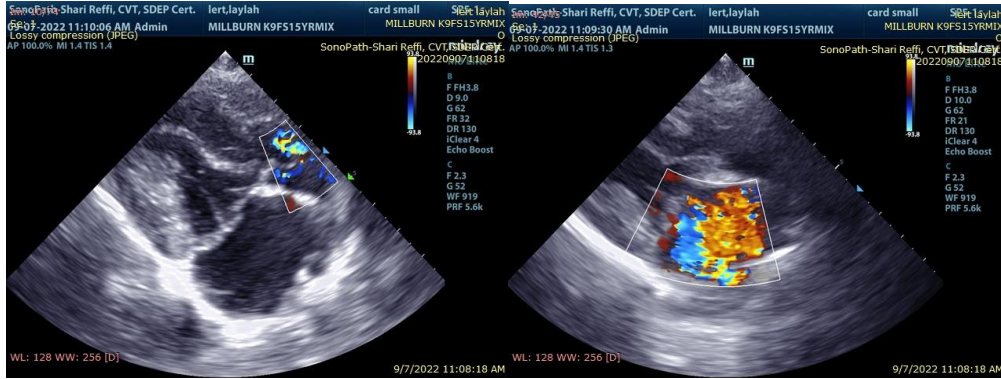
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Laylah Lert

Keith Blass, DVM, MS, DACVIM (Cardiology)
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631-804-5754

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