



PATIENT

Lucy Wintringham

SPECIES

Canine

BREED

Cavalier

SEX

Female Spayed

AGE

10 years

WEIGHT

30.4lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Eduardo Rodriguez
III, RCS

HOSPITAL NAME

Firehouse Veterinary
Clinic

REFERRING VET

Dr. Fleming

INVOICE

28346

DATE

1/16/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular heart disease- Stage early B2. Presently doing well at home. Good appetite and normal energy level. Current medications: Pimobendan 5mg, 1/2 tablet q12h.

-Pertinent previous echo findings (11/8/21 MML): LA 2.5 cm, LA: Ao 1.5, LV 3.3 cm. Mild-moderate LAE, moderate MR, trace TR. BP: 205 mmHg x 2 ; 230 mmHg x 2 (relaxed demeanor).

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: There is mild LV dilation with hyperdynamic function. LV wall thicknesses are normal.

Left atrium: The left atrium is moderately enlarged.

Mitral valve: The mitral valve is mild thickened with mild prolapse into the left atrial lumen. Moderate to severe mitral regurgitation with an elevated velocity.

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Mild aortic insufficiency.

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: Normal RA dimension.

Tricuspid valve: The tricuspid valve appears normal with mild tricuspid regurgitation. Normal velocity.

Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 100bpm.

2-Dimensional Measurements

Ao diam (cm)	1.8
LA diam (cm)	2.9
LA:Ao (Swe)	1.6
IVS thickness (cm)	0.9
LVID diastole (cm)	3.4
PW thickness (cm)	0.9
LVID systole (cm)	1.4
FS (%)	59

Doppler Measurements

PV Vmax (m/s)	0.65
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	5.9
TR Vmax (m/s)	2.5
TR PG (mmHg)	25

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with moderate to severe mitral and mild tricuspid regurgitation. The only significant difference is quantitatively the MR appears increased with a slight increase in LA and LVE. Mild TR has developed; however, no pulmonary hypertension or other concurrent LVE issues are identified.

Given these findings, continue Pimobendan as prescribed. No additional medications are clearly indicated. Assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).



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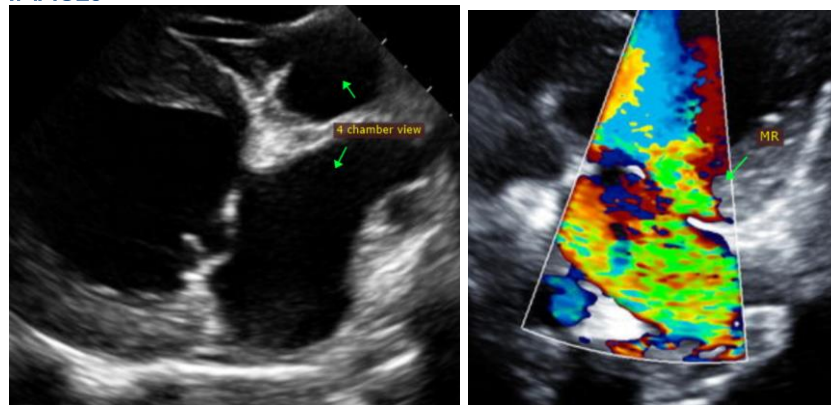
RECOMMENDATIONS

- Continue Pimobendan as prescribed.
- Monitor BP every 6 months.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is considered moderate if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

IMAGES



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. This report was generated using transcription software, and minor dictation errors may be present. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

Maggie Machen Lamy, DVM
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Echocardiogram performed by: Pamela Harrigan, RDCS
 Pet Animal Ultrasound Service (4paus.com)