



PATIENT

Oscar Brenner

SPECIES

Canine

BREED

Border Collie Mix

SEX

Male Neutered

AGE

12 years

WEIGHT

17.9lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Eduardo Rodriguez
III, RCS

HOSPITAL NAME

Falmouth Animal
Hospital

REFERRING VET

Dr. Hauser

INVOICE

28343

DATE

1/16/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B1. Grade III-IV/VI systolic murmur (slightly louder than previous). Needs dental prophylaxis. Blood pressure is well-controlled on Amlodipine 1.25 mg q12h. Oscar is doing well - good appetite and normal energy and activity level. Respirations are normal. BP: 160, 162, 162mmHg.
-Pertinent previous echo findings (2/7/22 MML): LA 1.9 cm, LA:Ao 1.3, LV 2.6 cm, minimal LAE, moderate MR, mild TR (3.0 m/s; 36 mmHg). Early pulmonary hypertension. *Sedated Torbugesic and Afaxalone*.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is normal with adequate myocardial function. LV wall thicknesses are normal.

Left atrium: The left atrium is minimally dilated.

Mitral valve: The mitral valve is diffusely thickened with minimal prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with an elevated velocity.

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No 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 mildly thickened with mild tricuspid regurgitation. Velocity consistent with early pulmonary hypertension.

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 90bpm.

2-Dimensional Measurements

| | |
|--------------------|-----|
| Ao diam (cm) | 1.5 |
| LA diam (cm) | 1.9 |
| LA:Ao (Swe) | 1.2 |
| IVS thickness (cm) | 0.7 |
| LVID diastole (cm) | 2.8 |
| PW thickness (cm) | 0.7 |
| LVID systole (cm) | 1.4 |
| FS (%) | 49 |

Doppler Measurements

| | |
|----------------|------|
| PV Vmax (m/s) | 0.92 |
| AoV Vmax (m/s) | 1.7 |
| MR Vmax (m/s) | 5.0 |
| TR Vmax (m/s) | 3.2 |
| TR PG (mmHg) | 42 |

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with evidence of stability. Moderate mitral and mild tricuspid regurgitation, and there is no progression in left heart dimensions. Lack of significant left atrial enlargement indicates the current risk for complication is low. Previously noted pulmonary hypertension persists with slight progression in pressure gradient, and continued monitoring is advised. No additional issues are noted in this study.

No medications are indicated prior to chamber enlargement. Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).



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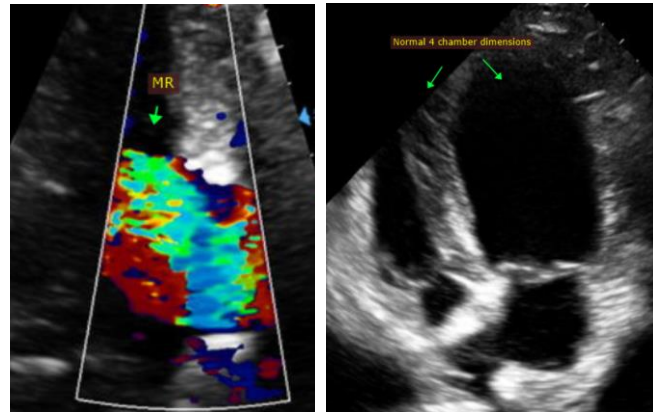
RECOMMENDATIONS

- In an asymptomatic dog without significant left atrial enlargement, no cardiac medications are clearly indicated.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is considered mild 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 6-9 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)