



PATIENT

Emme D'Andrea

SPECIES

Canine

BREED

Boston Terrier

SEX

Female Spayed

AGE

11 years

WEIGHT

19.4lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Compassionate Care
Veterinary Care

REFERRING VET

Dr. Farrington

INVOICE

28597

DATE

1/27/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Presently, doing very well at home. History hypertension. BP: 194, 198, 198mmHg. Current meds: 1) Amlodipine 5mg, 1/4 BID. 2) Pimobendan 2.5 mg, 1/2 BID. 3) Enalapril 5mg, 1/2 BID 4) RC Cardiac diet. 5) Gabapentin 100mg BID 6) Dasaquin EOD.
-Pertinent previous echo findings (2/5/22 MML): LA 2.3 cm, LA: Ao 1.5, LV 2.9 cm, mild LAE, mild-moderate MR, mild-moderate TR (2.7 m/s).

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 mildly dilated.
Mitral valve: The anterior leaflet of the mitral valve is thickened with prolapse into the left atrial lumen. Moderate mitral regurgitation is identified. Normal velocity.
Aortic valve/Aorta: The aortic valve is mildly thickened with normal 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 mildly thickened with septal prolapse mild to moderate 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 120bpm.

2-Dimensional Measurements

Ao diam (cm)	1.6
LA diam (cm)	2.2
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.81
LVID diastole (cm)	2.7
PW thickness (cm)	0.86
LVID systole (cm)	0.96
FS (%)	65

Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	1.6
MR Vmax (m/s)	5.3
TR Vmax (m/s)	2.5
TR PG (mmHg)	25

INTERPRETATION OF THE FINDINGS

Congenital valve disease persists with similar findings. Quantitatively the MR is increased; however, the LA and LV dimensions are unchanged. TR is similar to previous without evidence of pulmonary hypertension. Finally, no evidence of chronic SHT is seen, such as LV hypertrophy; however, aortic insufficiency is unchanged. The reported blood pressure is persistently elevated and further vasodilator therapy may be warranted. Consider consultation with an IM Specialist.

Given these findings, continue Pimobendan going forward. No additional medications are warranted. Continued lifelong monitoring of blood pressure is recommended. Prognosis remains guarded.



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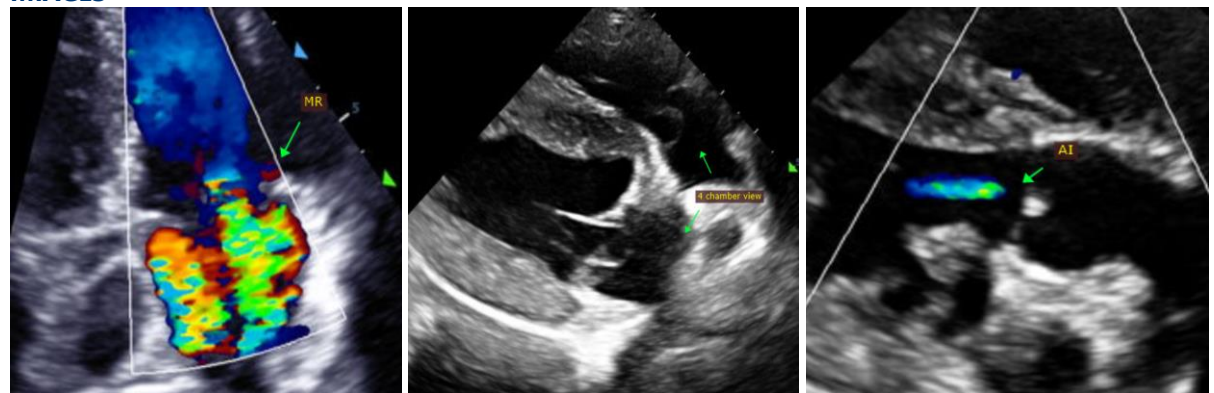
RECOMMENDATIONS

- Continue Pimobendan as prescribed.
- Consider more aggressive vasodilator therapy, pending IM consult.
- Monitor BP every 3-4 months lifelong.
- 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 months, sooner if any development of clinical signs.

IMAGES

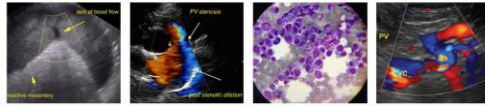


The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
 info@sonopath.com

Echocardiogram performed by: Pamela Harrigan, RDCS



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Pet Animal Ultrasound Service (4paus.com)

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