



PATIENT

Buttons St. Pierre

SPECIES

Canine

BREED

Maltese Mix

SEX

Male Neutered

AGE

11 years

WEIGHT

18.6lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

28641

DATE

1/31/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B1. Presently, Buttons has been doing well although has some dental discomfort. He is eating well and remains active. On exam: NSR, no murmurs noted, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 180mmHg x 5. *No sedation for study.
-Pertinent previous echo findings (5/17/22 MML): LA 2.0cm; LA;Ao 1.2; LV 2.89 cm; normal LA size; mild MR, mild TR (3.2 m/s; 41 mmHg); early pulmonary hypertension.

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 normal.
Mitral valve: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Mild eccentric mitral regurgitation with a normal 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 normal 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 150HR of bpm.

2-Dimensional Measurements

Ao diam (cm)	1.7
LA diam (cm)	1.8
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.8
LVID diastole (cm)	2.7
PW thickness (cm)	0.8
LVID systole (cm)	1.3
FS (%)	52

Doppler Measurements

PV Vmax (m/s)	1.3
AoV Vmax (m/s)	1.9
MR Vmax (m/s)	5.2
TR Vmax (m/s)	2.9
TR PG (mmHg)	33

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists without evidence of progression. Mild mitral and tricuspid regurgitation are unchanged with stable left heart dimensions. Mild pulmonary hypertension remains; however, the pressure gradient is stable. No additional issues are identified.

Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).



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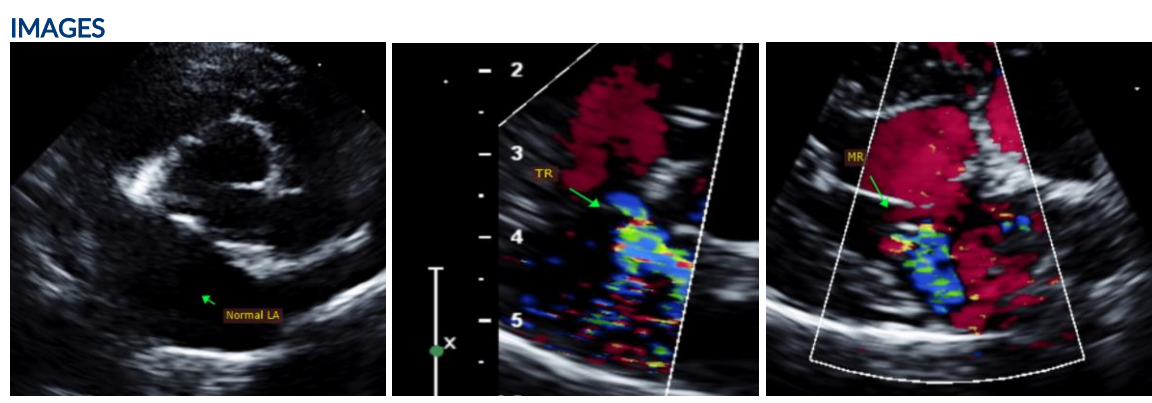
- RECOMMENDATIONS**
- No cardiac medications are clearly indicated.
 - Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
 - Anesthetic risk is considered mild if needed. Cardiac protective drug choices (pre-medicate with a vagolytic due to the history) are recommended. 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.
 - Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

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- PLAN**
- Recommend conservative monitoring with a recheck echocardiogram in 6-12 months, sooner if any development of clinical signs.

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DACVIM (Cardiology)

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.

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

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.

HOSPITAL NAME
Mass Veterinary Services

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

REFERRING VET
Dr. Masloski

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

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