



PATIENT

Indiana Macmunn

SPECIES

Canine

BREED

Cavalier

SEX

Male Neutered

AGE

8 years

WEIGHT

22.25lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

28668

DATE

1/31/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B1. Presently, Indiana is doing well - good appetite and activity level. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 140mmHg x 5. Current medications: 1) Pimobendan/vetmedin 2.5mg 1 tab twice a day 2) Enalapril 2.5mg 1.5 tabs daily 3) Apoquel 16mg 1/4 tab daily *Sedated with propofol for study. -Pertinent previous echo findings (5/10/22 MML): LA 2.3 cm; LA:Ao 1.2; LV 2.8 cm; mild LAE, mild MR; trace TR (26 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 normal. **Mitral valve:** The mitral valve is diffusely thickened with mild 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 trace 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 180bpm.

2-Dimensional Measurements

Ao diam (cm)	1.8
LA diam (cm)	2.1
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.7
LVID diastole (cm)	3.0
PW thickness (cm)	0.7
LVID systole (cm)	1.7
FS (%)	43

Doppler Measurements

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	5.3
TR Vmax (m/s)	2.7
TR PG (mmHg)	29

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with continued stability. No left heart enlargement is appreciated with mild mitral regurgitation unchanged. Trace TR is stable without right heart enlargement. No concurrent issues are noted in this study.

Given these findings and serial stable diseases, consider discontinue both ACE-I and Pimobendan at this time. While there is always some risk in this course of action, there is no obvious cardiac remodeling seen in this study.

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



PATIENT

Indiana Macmunn

SPECIES

Canine

BREED

Cavalier

SEX

Male Neutered

AGE

8 years

WEIGHT

22.25lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

28668

DATE

1/31/23

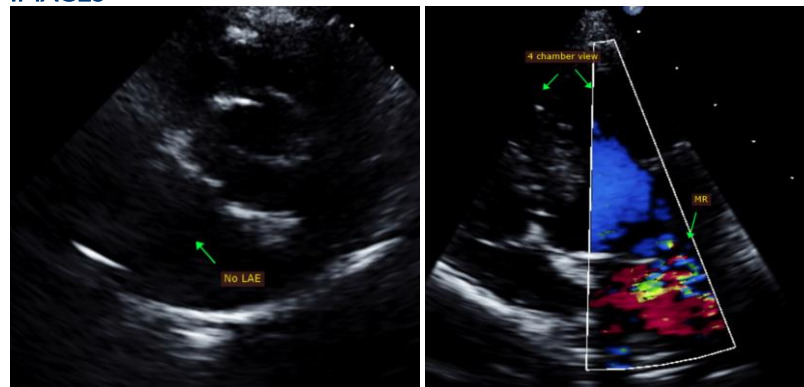
RECOMMENDATIONS

- Recommend discontinue Pimobendan/ACEI as discussed.
- 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
Pet Animal Ultrasound Service (4paus.com)