



PATIENT

Kenzie Browning

SPECIES

Canine

BREED

Beagle

SEX

Female Spayed

AGE

15 years

WEIGHT

22.8lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Presenting for tooth root abscess / severe dental disease but also has a Grade V/VI left holosystolic murmur, lungs clear. Would like to work up murmur to determine if safe for anesthesia for dental with extraction. BP: 103, 110 mmHg. Current medications: 1) Furosemide 20mg 1 tab q12h 2) Enalapril 5mg- 1 tab q24h (started in September 2022) *Sedated with Gabapentin and Trazodone for study.
-Abnormal PE/Chem/CBC/UA Results: Creatinine 2.6, BUN 82, K 5.5 (normal), Chloride 108 (low), ALP 150, ALT 315.

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. Moderate 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: Mild RV enlargement. Mild RV hypertrophy.

Right atrium: Mild RA enlargement.

Tricuspid valve: The tricuspid valve appears thickened with septal prolapse and moderate to severe tricuspid regurgitation. Normal velocity; however, early pulmonary hypertension is suspected.

Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. Mild pulmonic insufficiency. Normal RVOT velocity; laminar flow. Mild MPA and branch dilation.

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

2-Dimensional Measurements

Ao diam (cm)	2.2
LA diam (cm)	2.4
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.9
LVID diastole (cm)	1.9
PW thickness (cm)	0.9
LVID systole (cm)	1.3
FS (%)	30

Doppler Measurements

PV Vmax (m/s)	0.52
AoV Vmax (m/s)	0.7
MR Vmax (m/s)	4.5
TR Vmax (m/s)	2.4
TR PG (mmHg)	22

IMAGING PERFORMED BY

Pamela Harrigan,
RDMS

HOSPITAL NAME

Wood River Animal
Hospital

REFERRING VET

Dr. Schuelke

INVOICE

28137

DATE

1/6/23

INTERPRETATION OF THE FINDINGS

The cause of the murmur is chronic degenerative valve disease causing moderate mitral and tricuspid regurgitation. Mild PAH is suspected with mild right heart and MPA dilation, despite a normal TR velocity. This is of unknown significance in an asymptomatic dog; however, follow up is advised. Despite a significant mitral leak, a lack of left atrial enlargement indicates the current risk for complication is low. 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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Prior to significant heart enlargement, no indication for Lasix or Enalapril therapy and both can be safely discontinued.

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RECOMMENDATIONS

- Discontinue medications 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 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 months, sooner if any development of clinical signs.

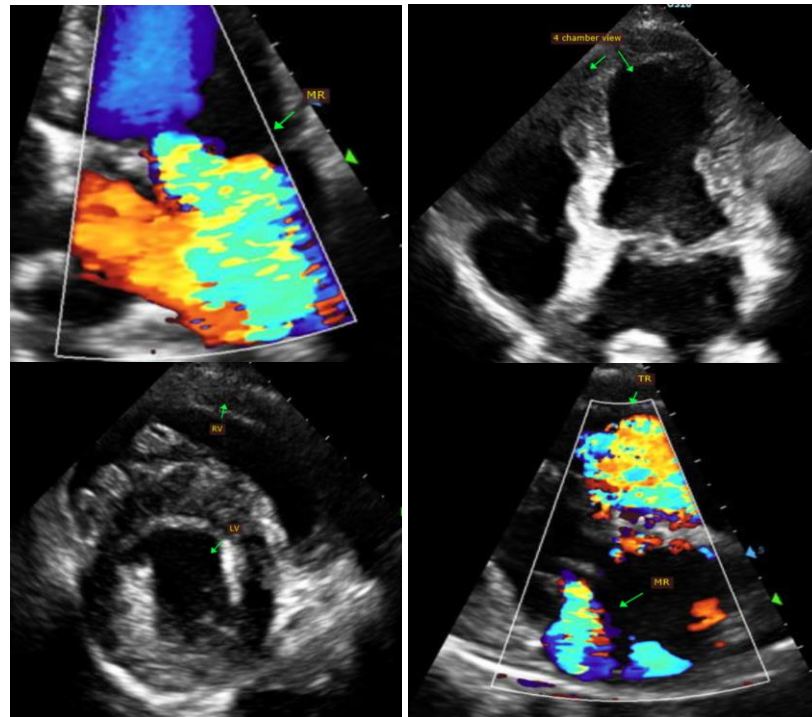
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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Maggie Machen Lamy, DVM
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info@sonopath.com

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