



PATIENT

Flip Ky

PRESENTING CLINICAL SIGNS

History: Grade II/VI systolic murmur; no clinical signs. *Sedated with gabapentin, trazadone, butorphanol, touch propofol. BP: 250, 243, 227mmHg

SPECIES

Canine

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 borderline.

BREED

Yorkshire Terrier

Left atrium: The left atrium is normal.

Mitral valve: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Mild anterior-directed mitral regurgitation with a normal velocity.

SEX

Male Neutered

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Mildly dilated aortic root. No aortic insufficiency.

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

AGE

14 years

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.

Trace pulmonic insufficiency. Normal RVOT velocity; laminar flow.

WEIGHT

6.4lbs

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

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 100bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.3
LA diam (cm)	1.1
LA:Ao (Swe)	0.9
IVS thickness (cm)	0.6
LVID diastole (cm)	1.8
PW thickness (cm)	0.6
LVID systole (cm)	1.1
FS (%)	37

Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	1.0
MR Vmax (m/s)	NM
TR Vmax (m/s)	2.2
TR PG (mmHg)	20

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

INTERPRETATION OF THE FINDINGS

The cause of the murmur is chronic degenerative valve disease causing mild mitral and trace tricuspid regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. No concurrent issues such as systolic dysfunction or pulmonary hypertension are noted in this study. Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).

HOSPITAL NAME

Pine Banks Animal
Hospital

REFERRING VET

Dr. Syed

The reported blood pressure is elevated, and maybe accurate based upon borderline LVH and a dilated aortic root. Assuming these values are thought to be accurate, treatment with Amlodipine is advised. Additionally if deemed accurate, screening for predisposing underlying causes of SHT is recommended (Cushings, PLN, adrenal tumor, etc.), as primary disease is relatively uncommon and a rule out diagnosis

INVOICE

28169

DATE

1/8/23



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Yorkshire Terrier

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IMAGING PERFORMED BY

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HOSPITAL NAME

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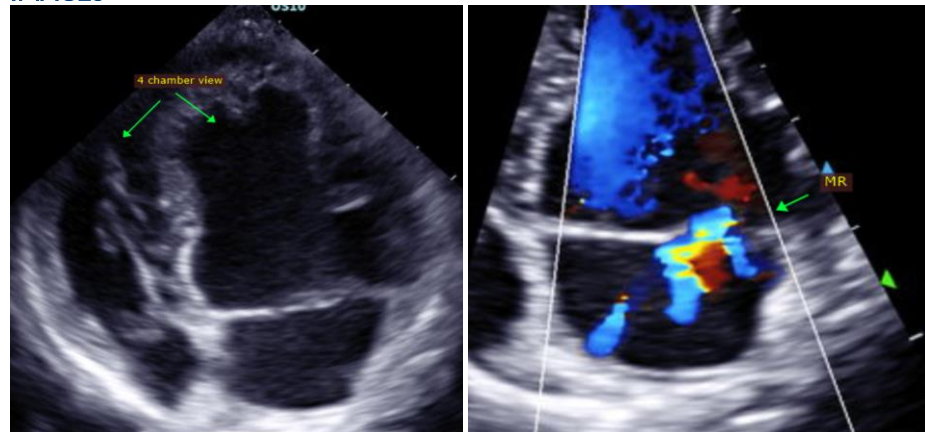
RECOMMENDATIONS

- Assuming BP is thought to be accurate, institute Amlodipine to effect and screen for underlying causes.
- If there is any question, reassess BP as a sole visit.
- 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.

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