



PATIENT

Bonny Jeneral

SPECIES

Canine

BREED

English Setter

SEX

Female Spayed

AGE

15 years

WEIGHT

46.2lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

26859

DATE

10/12/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Currently, Bonny is doing well with a good appetite and activity level, although having some trouble getting around due to age-related changes. Occasional cough when excited. On exam; arrhythmia, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. bp: 170-180 mmHg. Medications: 1) Pimobendan/vetmedin 5mg 1 tab twice a day 2) Enalapril 20mg 1/2 tab twice a day 3) Apoquel 16mg 1/2 tab daily 4) Holistic pet pain away *No sedation for study. -Pertinent previous echo findings (6/16/21 MML): LA 3.5 cm; LA:Ao 1.3 LV 3.4 cm; mild LAE; moderate MR; mild-moderate TR (2.4 m/s).

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: The LV diameter is mildly increased with hyperdynamic function. LV wall thicknesses are normal.

Left atrium: The left atrium is mildly dilated.

Mitral valve: The mitral valve is diffusely thickened with minimal 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: Normal right ventricular diameter and morphology.

Right atrium: Normal RA dimension.

Tricuspid valve: The tricuspid valve appears mildly thickened and prolapsing with moderate tricuspid regurgitation; normal velocity.

Pulmonary valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. Trace 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 80bpm.

2-Dimensional Measurements

Ao diam (cm)	2.5
LA diam (cm)	3.8
LA:Ao (Swe)	1.5
IVS thickness (cm)	1.0
LVID diastole (cm)	4.2
PW thickness (cm)	1.0
LVID systole (cm)	2.4
FS (%)	43

Doppler Measurements

PV Vmax (m/s)	0.73
AoV Vmax (m/s)	1.7
MR Vmax (m/s)	5.5
TR Vmax (m/s)	2.3
TR PG (mmHg)	21

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with evidence of stability. The LA and LV dimensions are similar without development of pulmonary hypertension.

Given these findings, no additional medications are indicated at this time. Continue Pimobendan and Enalapril going forward with routine blood pressure monitoring.

Assessment of progression in the future will help predict long term prognosis, which remains guarded at this stage (B2).



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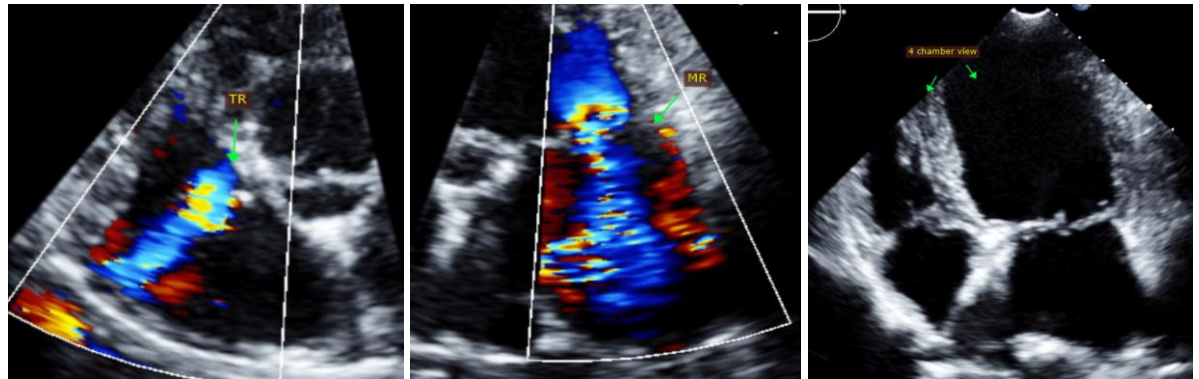
RECOMMENDATIONS

- Continue Pimobendan and ACE-I as prescribed.
- Monitor BP every 6 months.
- 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.
- Monitor for development of a cough, labored breathing, exercise intolerance or exertional collapse episodes.

PLAN

- Recommend continued conservative monitoring with a recheck echocardiogram in 6-8 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)