



PATIENT

Lizzy DeMarco

SPECIES

Canine

BREED

Pomeranian Mix

SEX

Female Spayed

AGE

13 years

WEIGHT

29.3lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

26833

DATE

10/12/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Currently, Lizzy is doing well at home with occasional vomiting. Good appetite. Rare cough. On exam: NSR, grade IV/VI murmur with PMI left apical area, PSS, lung fields clear. BP: 130-140 mmHg. Medications: 1) Carprofen/rimadyl 25mg ---not taking 2) Cosequin daily 3) Pimobendan/vetmedin 7.5mg 2/3 tab in am with 1/3 tab in pm 4) Gabapentin 100mg 1 capsule 2-3 times a day 5) Prilosec prn
*No sedation for study.

-Pertinent previous echo findings (12/15/21 Keith Blass, DVM, DACVIM-Cardiology): LA 4.01 cm; LV 3.95 cm; mild LAE; mild-moderate MR; mild LVE.

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 moderately dilated.

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: Normal right ventricular diameter and morphology.

Right atrium: Mild RA enlargement.

Tricuspid valve: The tricuspid valve appears mildly thickened with moderate tricuspid regurgitation. Velocity consistent with mild to moderate 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 HR of 120bpm.

2-Dimensional Measurements

Ao diam (cm)	1.8
LA diam (cm)	3.2
LA:Ao (Swe)	1.8
IVS thickness (cm)	0.8
LVID diastole (cm)	3.2
PW thickness (cm)	0.7
LVID systole (cm)	1.1
FS (%)	66

Doppler Measurements

PV Vmax (m/s)	1.1
AoV Vmax (m/s)	1.5
MR Vmax (m/s)	5.8
TR Vmax (m/s)	3.6
TR PG (mmHg)	52

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing moderate mitral and tricuspid regurgitation persists. Compared to what is available to the prior study, the findings appear largely similar with moderate left heart enlargement and mild to moderate pulmonary hypertension. Moderate left atrial enlargement indicates there is relatively low risk for imminent complication, however risk for progression to spontaneous congestive heart failure in the future is elevated. No additional issues are identified.

Given these findings, continue Pimobendan is recommended lifelong. No additional medications are indicated at this time. Continued assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).



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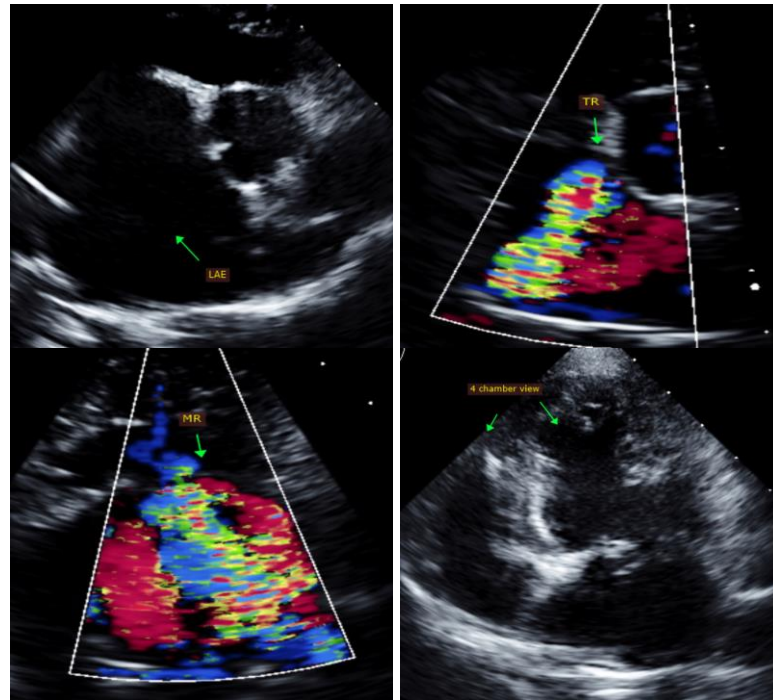
RECOMMENDATIONS

- Continue Pimobendan 0.3mg/kg PO q12h.
- 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





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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.

BREED

Pomeranian Mix

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

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

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