



**PATIENT**

Elvis Davis

**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

Male Neutered

**AGE**

8 years

**WEIGHT**

30lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING**

**PERFORMED BY**

Pamela Harrigan,  
RDMS

**HOSPITAL NAME**

Parkway Veterinary  
Hospital

**REFERRING VET**

Dr. Cowan

**INVOICE**

26902

**DATE**

10/14/22

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History chronic valvular disease - stage B2, progressive from prior echo. Currently, doing well at home with no clinical issues. Medications: Pimobendan 10 mg, 1/2 t AM, 1/4 t PM. Carprofen 100 mg, 1/2 SID for pain.

-Pertinent previous echo findings (11/10/21 Rebecca Malakoff, DVM, DACVIM - Cardiology): LA 3.51 cm; LA:Ao 1.93; LV 3.53 cm; moderate LAE, moderate - severe MR, moderate TR (2.12 m/s); mild AI.

\*Elvis requires heavy sedation for procedures. Today received: Gabapentin, acepromazine (oral), Alfaxalone, Butorphanol, Midazolam.

**ECHOCARDIOGRAM FINDINGS**

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

**Left ventricle:** The LV diameter is normal with adequate function. LV wall thicknesses are normal.

**Left atrium:** The left atrium is mildly dilated.

**Mitral valve:** The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Mild to 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 indicating no overt evidence of pulmonary arterial hypertension.

**Right atrium:** Normal RA dimension.

**Tricuspid valve:** The tricuspid valve appears normal with mild to moderate tricuspid regurgitation. Velocity consistent with no 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 70bpm.

**2-Dimensional Measurements**

Ao diam (cm)	1.76
LA diam (cm)	2.8
LA:Ao (Swe)	1.6
IVS thickness (cm)	0.7
LVID diastole (cm)	3.1
PW thickness (cm)	0.8
LVID systole (cm)	1.6
FS (%)	48

**Doppler Measurements**

PV Vmax (m/s)	0.61
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	5.1
TR Vmax (m/s)	2.0
TR PG (mmHg)	16

**INTERPRETATION OF THE FINDINGS**

Chronic degenerative valve disease persists with improvement overall. Previously moderate to severe disease is now mild with an improved mitral leak and decreased left heart dimensions. While this may simply be due to Pimobendan administration, consider screening for volume changes, as anemia or dehydration can also contribute to this finding. No additional issues are identified.

Given these findings, continue Pimobendan is recommended as below.



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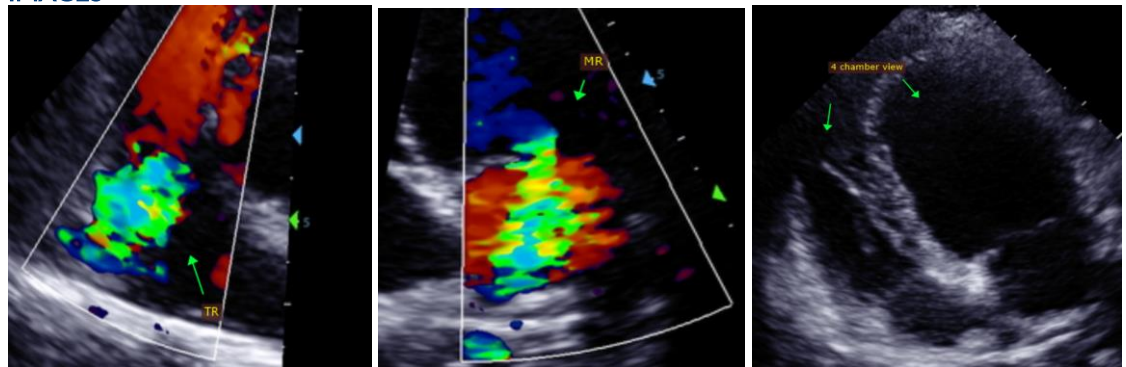
**RECOMMENDATIONS**

- Continue Pimobendan 0.3mg/kg PO q12h.
- Baseline lab work is recommended.
- 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**  
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 info@sonopath.com