PAUS
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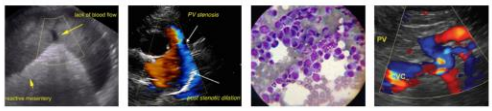

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Cupcake Wadsworth

SPECIES
Canine

BREED
Chihuahua Mix

SEX
Female Spayed

AGE
6 years

WEIGHT
8lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Chase Veterinary Clinic

REFERRING VET
Dr. Caffarella

INVOICE
21543

DATE
10/15/21

PRESENTING CLINICAL SIGNS

History: Grade lll/VI murmur with no clinical signs noted on annual wellness exam. BP 176, 178mmHg.

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 minimal prolapse into the left atrial lumen. Mild to moderate double jet of 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 mildly thickened with septal prolapse and moderate tricuspid regurgitation. Velocity consistent with early 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 150bpm.

2-Dimensional Measurements

Ao diam (cm)	1.2
LA diam (cm)	1.3
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.56
LVID diastole (cm)	2.1
PW thickness (cm)	0.53
LVID systole (cm)	0.8
FS (%)	61

Doppler Measurements

PV Vmax (m/s)	0.93
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	4.9
TR Vmax (m/s)	3.4
TR PG (mmHg)	46

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing mild to moderate mitral and moderate tricuspid regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. Early pulmonary hypertension is noted which is of unknown significance in an asymptomatic dog. Follow up is advised. No additional issues 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).

RECOMMENDATIONS

- In an asymptomatic dog without significant left atrial enlargement, no cardiac medications are clearly indicated.
- 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

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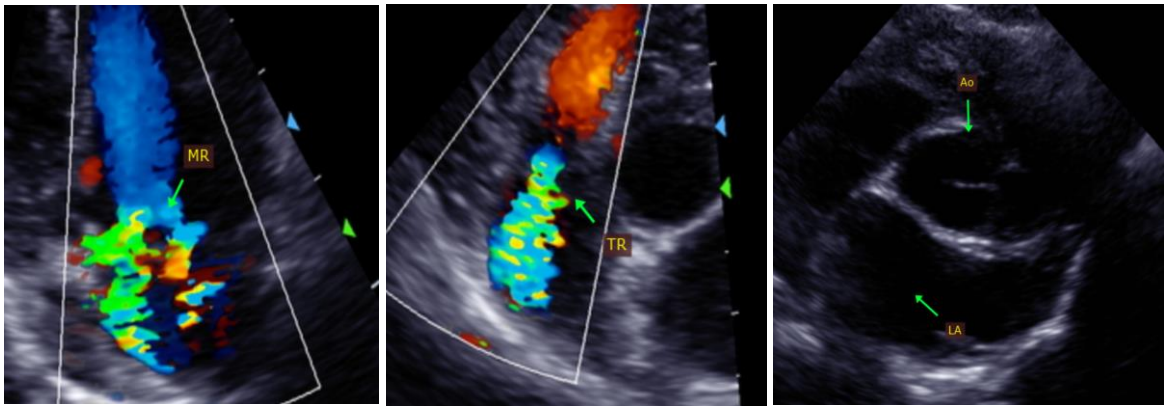
gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine 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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