



PATIENT PRESENTING CLINICAL SIGNS

Carter Cooper

History: Referred for heart murmur and cough. The cough seems worse with exercise. No dyspnea. Good appetite and energy. CV/RESP: NSR, grade III/VI murmur with PMI left apical area, PSS, lung fields clear. BP: 160-170mmHg.

SPECIES

Canine

-Current medications: 1) Apoquel 5.4mg 1/2 tab daily 2) Cephalexin 250mg 1 capsule twice a day 3) medicated baths *No sedation for study.

ECHOCARDIOGRAM FINDINGS

BREED

CKCS

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.

SEX

Male Neutered

Mitral valve: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Mild 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.

AGE

11 years

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 no tricuspid regurgitation.

WEIGHT

28.1lbs

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.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.8
LA diam (cm)	1.9
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.7
LVID diastole (cm)	2.9
PW thickness (cm)	0.7
LVID systole (cm)	1.2
FS (%)	59

Doppler Measurements

PV Vmax (m/s)	0.95
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	5.8
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

INTERPRETATION OF THE FINDINGS

HOSPITAL NAME

Mass Veterinary
Specialty Services

Chronic degenerative valve disease causing mild mitral regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. No concurrent issues such as pulmonary hypertension are noted in this study.

REFERRING VET

Dr. Masloski

Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1)

INVOICE

21589

Given these findings, the cough is unlikely to be cardiac in origin and primary respiratory causes should be considered. Consider further respiratory work up/treatment (hydrocodone, taper course of steroids, Enrofloxacin, TTW/BAL, etc).

DATE

10/19/21



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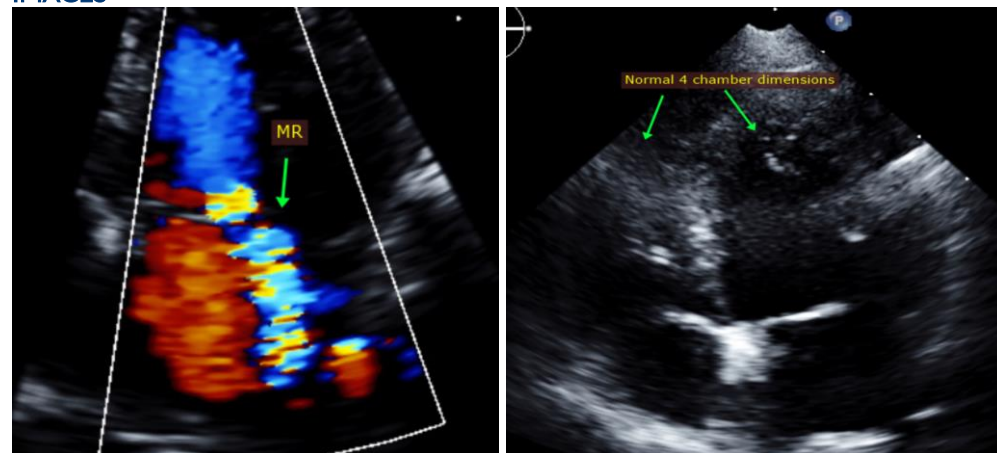
RECOMMENDATIONS

- In an asymptomatic dog without significant left atrial enlargement, no cardiac medications are clearly indicated.
- Consider further respiratory workup/treatment as discussed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- No cardiac contraindication for general anesthesia prior to chamber enlargement.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 6-12 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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Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)