



**PATIENT**

Kevin Thomas

**PRESENTING CLINICAL SIGNS**

History: Recheck echo; grade 5 murmur. Left sided head tilt IVDz. Osteoarthritis.

-Radiographs: Enlarged heart.

-Current medications: Vetprofen, Gabapentin, Primor.

-Blood pressure: 92mmHg, 95 mmHg, & 98 mmHg.

-Sedation used: Sedation not required for scan.

**SPECIES**

Canine

-Pertinent previous ultrasound results (1-12-2021 MML): Mild MR, mild LAE, normal LV, trace TR: 2.3m/s. LA: 2.9, LV: 3.9.

-STAT: Not requested.

**BREED**

Cattle Dog Mix

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Mild thickening of mitral valve leaflets with mild prolapse into the left atrial lumen. Mild anterior-directed mitral regurgitation with mild left atrial dilation. Normal MR velocity. Normal LV diameter with adequate myocardial function.

The tricuspid valve appears mildly thickened with trace tricuspid regurgitation. Normal velocity.

Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. No pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and mildly elevated aortic outflow velocities with laminar flow. No obvious aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses.

**AGE**

14 years

**CARDIAC CHART**

**WEIGHT**

59.5lbs

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	4.5	2.5	NM	1.4	33	62	NM
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LA 2D short axis Base view (cm)	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
PATIENT	107	1.7	1.0	27.0	3.0	4.1	2.8
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
BODY WEIGHT DEPENDENT PARAMETERS				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
*Note: All measurements based upon multi-modal images and methods. An average value is reported.				10	1.50 (3.8)	3.27 (3.5)	2.06 (3.1)
				15	1.83 (2.0)	3.71 (2.4)	2.43 (2.1)
				20	2.02 (1.9)	4.14 (2.2)	2.80 (2.0)
				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
				40	2.62 (5.2)	5.48 (6.1)	3.96 (5.4)
				50	2.88 (7.1)	6.07 (8.3)	4.46 (7.4)

Adapted from June Boon, Veterinary Echocardiography, 1998  
 Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435  
 Hansson et al, Vet Rad and Ultrasound 2002  
 Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995

**INTERPRETED BY**

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

**HOSPITAL NAME**

Chadwell Animal Hospita

**REFERRING VET**

Dr. Gold

**INVOICE**

21593

**DATE**

10/19/21

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

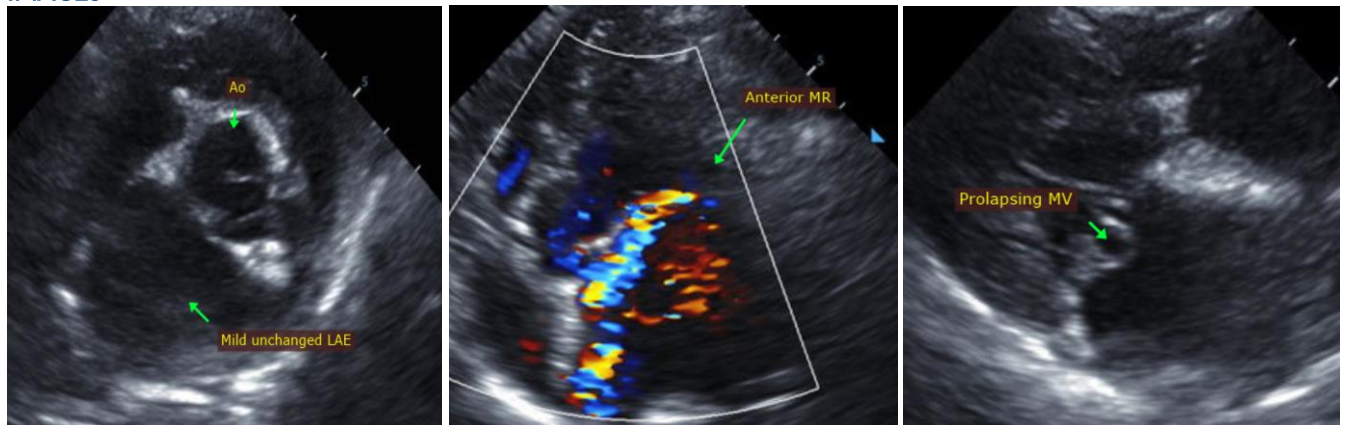
Chronic degenerative valve disease persists with overall stability. No significant progression in MR quantity or left heart dimensions is appreciated. No additional concurrent issues such as pulmonary hypertension are noted in this study.

Given these findings, no cardiac medications are indicated. Continued assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1). Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

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.

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.

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