



PATIENT

Gema Nieves

SPECIES

Canine

BREED

Pomeranian mix

SEX

Female Spayed

AGE

9 years

WEIGHT

9.25lbs

PRESENTING CLINICAL SIGNS

History: Gema was referred for a heart noted murmur in August. Occasional cough and sometimes tires with activity. The owner has noted some panting after walks. Her activity level is otherwise normal. CV/RESP: NSR, grade I/VI murmur with PMI left apical area, PSS, lung fields clear. BP: 190-200mmHg. *No sedation for study.

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 mild prolapse into the left atrial lumen. Mild eccentric mitral regurgitation with an elevated 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 tricuspid regurgitation.

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.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.3
LA diam (cm)	1.4
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.64
LVID diastole (cm)	2.2
PW thickness (cm)	0.62
LVID systole (cm)	0.9
FS (%)	59

Doppler Measurements

PV Vmax (m/s)	1.0
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	6.3
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

INTERPRETATION OF THE FINDINGS

The cause of the murmur is chronic degenerative valve disease causing mild mitral. 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.

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

REFERRING VET

Dr. Masloski

The reported blood pressure is elevated and should be reassessed for accuracy particularly given no reported clinical signs of severe hypertension (retinal changes, etc.) or evidence of LVH on echo. Ideally obtain serial measurements in a controlled, low stress environment and continue until 3 consecutive readings plateau within 5mmHg of variability. If persistently >180mmHg despite a relatively calm demeanor, recommend institution of amlodipine to effect. Additionally, if deemed accurate, screening for

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predisposing underlying causes of SHT is recommended (Cushings, PLN, adrenal tumor, etc.), as primary disease is relatively uncommon and a rule out diagnosis.

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RECOMMENDATIONS

- In a dog without significant left atrial enlargement, no cardiac medications are clearly indicated.
- Reassess BP 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.

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PLAN

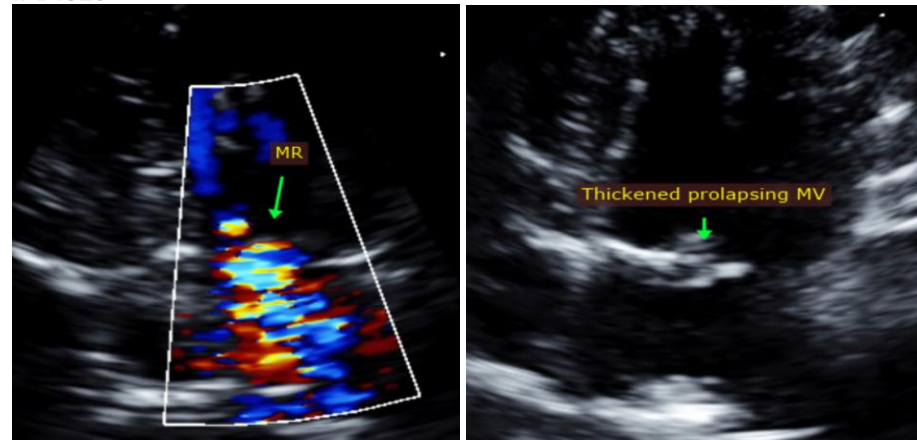
- Recommend conservative monitoring with a recheck echocardiogram in 6-12 months, sooner if any development of clinical signs.

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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.

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

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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.

REFERRING VET

Dr. Masloski

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

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