



**PATIENT**

Peanut Hunt

**PRESENTING CLINICAL SIGNS**

History: Grade V/VI systolic murmur, no clinical signs. Grain free diet. BP: 170mmHg x 5 (stressed).

**SPECIES**

Canine

**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.

**BREED**

Cavalier

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

**Mitral valve:** The mitral valve is mildly thickened with minimal prolapse into the left atrial lumen. Mild eccentric mitral regurgitation with a normal velocity.

**SEX**

Female Spayed

**Aortic valve/aorta:** The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Aortic root is dilated. Mild aortic insufficiency.

**Right ventricle:** Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

**AGE**

11 years

**Right atrium:** Normal RA dimension.

**Tricuspid valve:** The tricuspid valve appears mildly thickened with mild tricuspid regurgitation; normal velocity.

**Pulmonic valve/pulmonary artery:** The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

**WEIGHT**

17lbs

**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)	2.1
LA diam (cm)	2.8
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.7
LVID diastole (cm)	3.3
PW thickness (cm)	0.7
LVID systole (cm)	1.9
FS (%)	43

**Doppler Measurements**

PV Vmax (m/s)	0.5
AoV Vmax (m/s)	1.9
MR Vmax (m/s)	5.9
TR Vmax (m/s)	2.1
TR PG (mmHg)	18

**IMAGING**

**PERFORMED BY**

Pamela Harrigan,  
RDCS

**INTERPRETATION OF THE FINDINGS**

The cause of the murmur is chronic degenerative valve disease causing moderate mitral and mild tricuspid regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. The aortic root is dilated with an aortic insufficiency noted, which may suggest systemic hypertension. No additional issues are identified. No evidence of diet-related cardiomyopathy; however, a diet change remains the conservative recommendation.

**HOSPITAL NAME**

Wignall Animal  
Hospital

**REFERRING VET**

Dr. Harvey

The patients blood pressure is elevated on exam; however, stress was also noted. Given AI and aortic root dilation, recommend reassess as the sole reason for a visit to determine if treatment is warranted. If persistently >160mmHg, recommend Amlodpine to effect and screening for underlying causes.

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**DATE**

10/20/22

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



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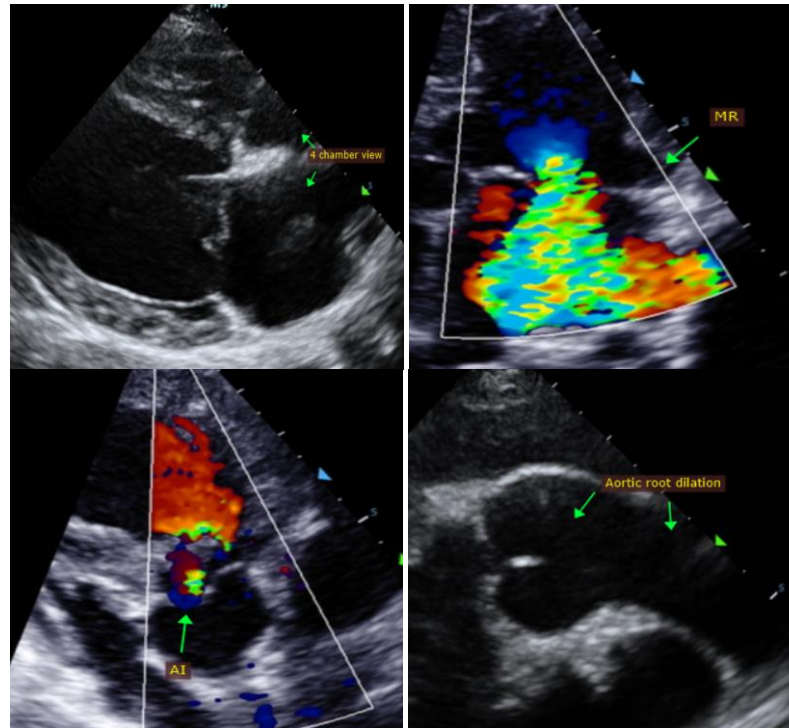
**RECOMMENDATIONS**

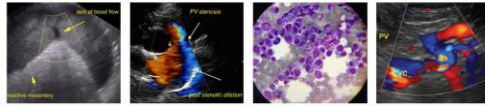
- No cardiac medications are clearly indicated.
- Reassess BP in 1-2 weeks as a sole reason for the visit. If patient is persistently hypertensive, consider Amlodipine to effect.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is considered 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**





**PATIENT**

Peanut Hunt

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.

**SPECIES**

Canine

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.

**BREED**

Cavalier

Maggie Machen Lamy, DVM  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com

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