



PATIENT

Dulcie Jennings

SPECIES

Canine

BREED

Yorkshire Terrier Mix

SEX

Female Spayed

AGE

13 years

WEIGHT

13lbs

PRESENTING CLINICAL SIGNS

History: History of mammary tumors and grade II/VI left holosystolic heart murmur. Echo prior to surgery. Doing well at home. No clinical signs of cardiac disease. BP: 96mmHg.

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 no prolapse into the left atrial lumen. Mild anterior-directed mitral regurgitation.

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 moderate 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.

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)	1.38
LA diam (cm)	1.44
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.7
LVID diastole (cm)	2.4
PW thickness (cm)	0.7
LVID systole (cm)	1.2
FS (%)	51

Doppler Measurements

PV Vmax (m/s)	0.64
AoV Vmax (m/s)	1.0
MR Vmax (m/s)	NM
TR Vmax (m/s)	2.5
TR PG (mmHg)	25

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Wood River Animal
Hospital

REFERRING VET

Dr. Schuelke

INVOICE

21665

DATE

10/22/21

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing mild mitral and moderate tricuspid regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. The TR is quantitatively greater than MR which is somewhat unusual; however, pulmonary pressures measure normal. 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 a 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.
- No cardiac contraindication for general anesthesia prior to chamber enlargement.



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- 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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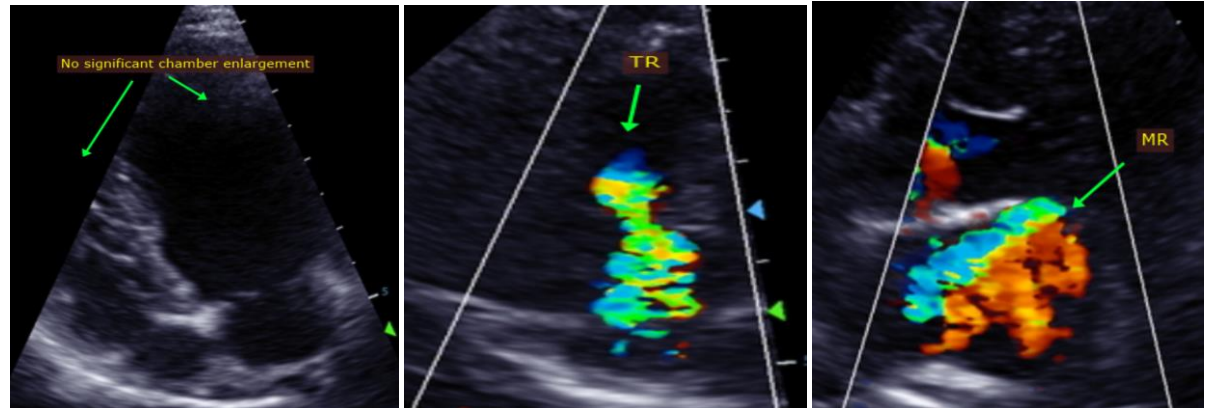
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IMAGES



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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.

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.

IMAGING PERFORMED BY

Pamela Harrigan,
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