



**PATIENT**

Lyla Taiber

**SPECIES**

Canine

**BREED**

Australian Shepherd

**SEX**

Female Spayed

**AGE**

12 years

**WEIGHT**

43.5lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Blairstown Animal  
Hospital

**REFERRING VET**

Dr. Lovell

**PRESENTING CLINICAL SIGNS**

History: Recheck echo.

-Current medications: Sildenafil, Pimobendan, Lasix, and Benazepril.

-Pertinent previous echo findings (9/2022 KB): Trace MR, moderate RAH, mild RVE, moderate TR. PG: 76.8, mild AI.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets with no prolapse into the left atrial lumen. Trace mitral regurgitation with no left atrial dilation. Normal LV diameter with adequate myocardial function. The tricuspid valve appears mildly thickened with septal prolapse and moderate tricuspid regurgitation. Velocity consistent with mild pulmonary hypertension. Mild to moderate right atrial dilation. Mild RV dilation with mild hypertrophy. MPA is prominent. The pulmonic valve is normal. Trace PI. The aortic valve is normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. Mild aortic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses.

**CARDIAC CHART**

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	5.0	3.2	NM	1.1	58	90	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	NM	1.4	1.0	19.7	1.9	2.6	1.1
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
<b>BODY WEIGHT DEPENDENT PARAMETERS</b>				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>				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)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Mild MR and unchanged normal heart dimensions are appreciated in this study. Moderate TR persists with slight improvement in right heart enlargement compared to what is described. There is mild pulmonary hypertension (PAH) documented, which likely reflects improvement on Sildenafil therapy. No obvious additional issues are identified.

**INVOICE**

27078

**DATE**

10/4/22



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Given these findings, it is certainly reasonable to continue Pimobendan and Sildenafil going forward as was noted in the previous report. Unless pleural or abdominal effusion have been documented previously, there is no indication for Lasix or ACE-I therapy in these cases.

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Anesthetic risk is considered mildly elevated 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 and recover in O2 if possible.** 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.

## BREED

Australian Shepherd

## SEX

Female Spayed

Omega fatty acid supplementation (anti-inflammatory) may be of some long-term benefit. Monitor for worsening of labored breathing, exercise intolerance or collapse episodes.

## AGE

12 years

## PLAN:

Continue Sildenafil and Pimobendan as previously recommended. Unless CHF has been documented, discontinue Lasix and Benazepril. Monitor BP every 6 months.

## WEIGHT

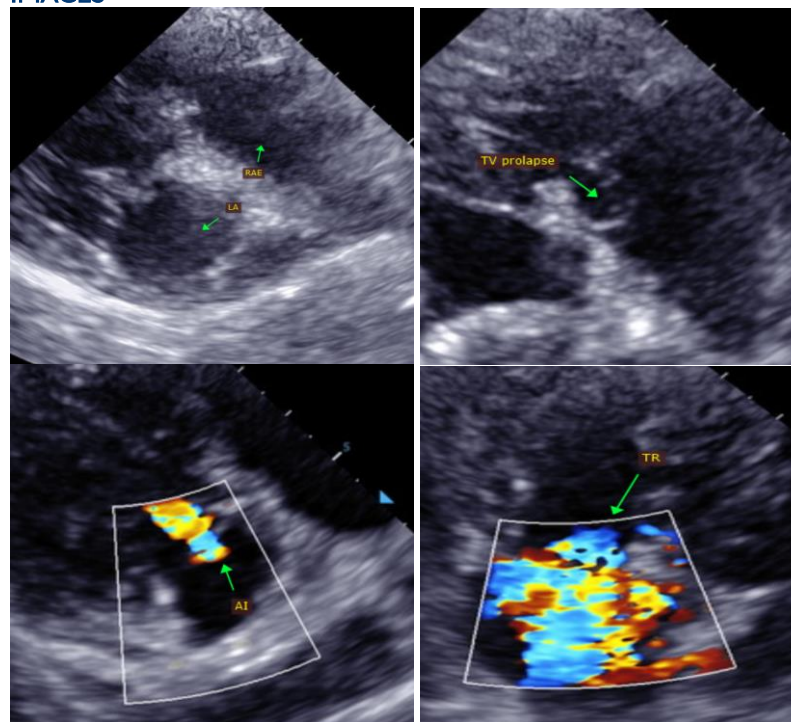
43.5lbs

Recommend recheck echocardiogram in 6 months to reassess pulmonary pressures, sooner if any development of clinical signs.

## IMAGES

## INTERPRETED BY

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DVM, DACVIM  
(Cardiology)



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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.

**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.

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Australian Shepherd

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

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