



PATIENT

Frankie Mercado

SPECIES

Canine

BREED

Dachshund

SEX

Male Neutered

AGE

13 years

WEIGHT

14.4lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

27097

DATE

10/25/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease Stage B1 diagnosed on prior echo 1/25/22 (Scott Forney, DVM, DACVIM-Cardiology). Currently, Frankie has had some episodes of shortness of breath this past summer. Labored and rapid breathing noted at night. He is presently eating well with normal activity. Has some separation anxiety. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 120-130 mmHg. No medications. *No sedation for study.\n -Pertinent previous echo findings: LA 2.20 cm; LA:Ao 1.47; LV 1.51 cm; mild LAE; normal LV size; moderate MR; trace TR 2.26 m/s.

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 mild to moderately dilated.

Mitral valve: The mitral valve is diffusely thickened with prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with a normal 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 normal with trace 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 150bpm.

2-Dimensional Measurements

Ao diam (cm)	1.5
LA diam (cm)	2.4
LA:Ao (Swe)	1.6
IVS thickness (cm)	0.6
LVID diastole (cm)	2.8
PW thickness (cm)	0.6
LVID systole (cm)	1.3
FS (%)	54

Doppler Measurements

PV Vmax (m/s)	0.9
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	6.3
TR Vmax (m/s)	2.7
TR PG (mmHg)	29

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing moderate mitral and trace tricuspid regurgitation. Compare to what is available from the prior study, findings appear similar without obvious progression. 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.

Given these findings, reported breathing changes are certainly noncardiac in origin. Consider baseline CXR for future comparison.



PATIENT
Frankie Mercado

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

SPECIES
Canine

RECOMMENDATIONS

- No cardiac medications are clearly indicated.
- Consider baseline CXR
- 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.

BREED
Dachshund

SEX
Male Neutered

AGE
13 years

WEIGHT
14.4lbs

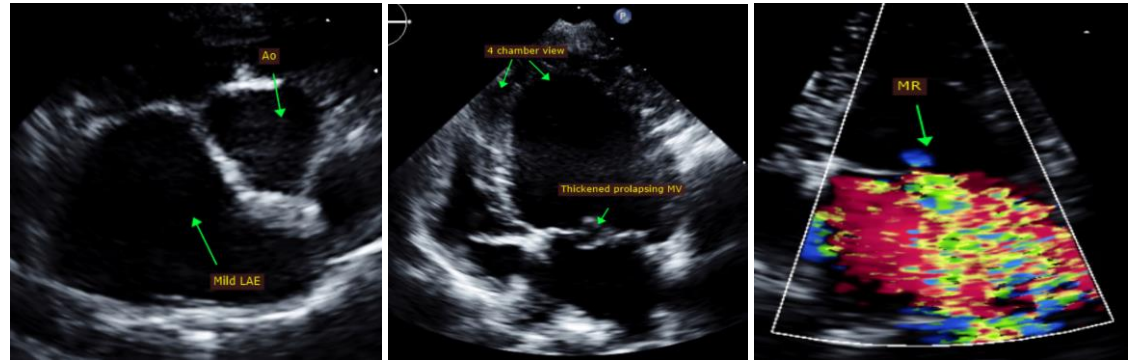
PLAN

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

IMAGES

INTERPRETED BY

Maggie Machen Lamy, DVM
DACVIM (Cardiology)



IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

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.

REFERRING VET

Dr. Masloski

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.

INVOICE
27097

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

DATE
10/25/22

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