



**PATIENT**

Taboo Jurdzionak

**SPECIES**

Canine

**BREED**

Jack Russell Terrier

**SEX**

Female Spayed

**AGE**

10 years

**WEIGHT**

11.13lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING**

**PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary  
Specialty Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

21725

**DATE**

10/26/21

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History chronic valvular disease - Stage B2. Currently, doing well. Taboo has been doing well at home with no coughing nor dyspnea noted. Good appetite and energy. CV/RESP: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 150 mmHg x 5. Medications: 1) Pimobendan/vetmedin 1.25mg 1 tab twice a day 2) Snip tips 3) Glucosamine  
Pertinent previous echo findings (MML 4/2021): LV 2.8, LA 2.2, mod MR/TR  
\*Sedated with propofol.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and Doppler imaging is available.  
**Left ventricle:** The LV diameter is borderline increased with hyperdynamic function. LV wall thicknesses are normal.  
**Left atrium:** The left atrium is moderately dilated.  
**Mitral valve:** The mitral valve is diffusely thickened with mild 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 mildly thickened with mild septal prolapse and 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.

**2-Dimensional Measurements**

Ao diam (cm)	1.3
LA diam (cm)	2.3
LA:Ao (Swe)	1.8
IVS thickness (cm)	0.7
LVID diastole (cm)	2.8
PW thickness (cm)	0.7
LVID systole (cm)	1.7
FS (%)	39

**Doppler Measurements**

PV Vmax (m/s)	0.66
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	5.0
TR Vmax (m/s)	2.5
TR PG (mmHg)	25

**INTERPRETATION OF THE FINDINGS**

Chronic degenerative valve disease persists unchanged. Moderate mitral and tricuspid regurgitation are unchanged, with stable left heart dimensions. No additional issues are identified.

Given these findings, no additional medications are indicated. Continue to monitor as previously advised. Prognosis remains guarded long-term.

**RECOMMENDATIONS**

- Continue Pimobendan as prescribed.



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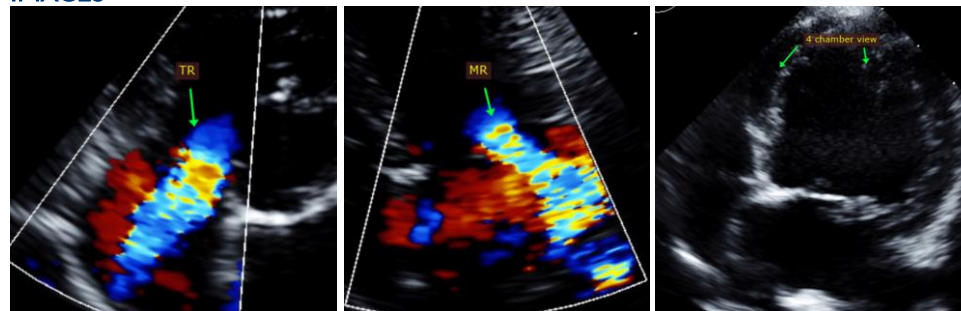
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- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane 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 6-8 months, sooner if any development of clinical signs.

**IMAGES**



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.

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