



PATIENT
Etta Watson

PRESENTING CLINICAL SIGNS

History: Etta is referred to evaluate a heart murmur. She has a good appetite and normal activity level. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 140mmHg x 4. *No sedation for study

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.

Left atrium: The left atrium is mildly dilated.

Mitral valve: The mitral valve is diffusely thickened with minimal prolapse into the left atrial lumen. Moderate anterior-directed mitral regurgitation with a normal velocity.

Aortic valve/aorta: The aortic valve is bicuspid, although no stenosis or insufficiency are appreciated. Mild dilation of the aortic root. 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 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.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 170bpm.

BREED
Dachshund

SEX
Female Spayed

AGE
10 years

WEIGHT
7.75lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.3
LA diam (cm)	2.0
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.6
LVID diastole (cm)	2.7
PW thickness (cm)	0.6
LVID systole (cm)	1.5
FS (%)	44

Doppler Measurements

PV Vmax (m/s)	0.86
AoV Vmax (m/s)	1.7
MR Vmax (m/s)	5.2
TR Vmax (m/s)	2.6
TR PG (mmHg)	27

IMAGING PERFORMED BY

Pamela Harrigan,
RDCE

HOSPITAL NAME

Mass Veterinary Services

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. As an incidental finding, the patient has a congenital aortic valve abnormality, with two cusps instead of the typical three. No stenosis or insufficiency are noted, and this is clinically insignificant. No additional issues such as pulmonary hypertension are noted in this study.

REFERRING VET

Dr. Masloski

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

INVOICE
27128

RECOMMENDATIONS

- In a dog without significant left atrial enlargement, no cardiac medications are clearly indicated.

DATE
10/26/22



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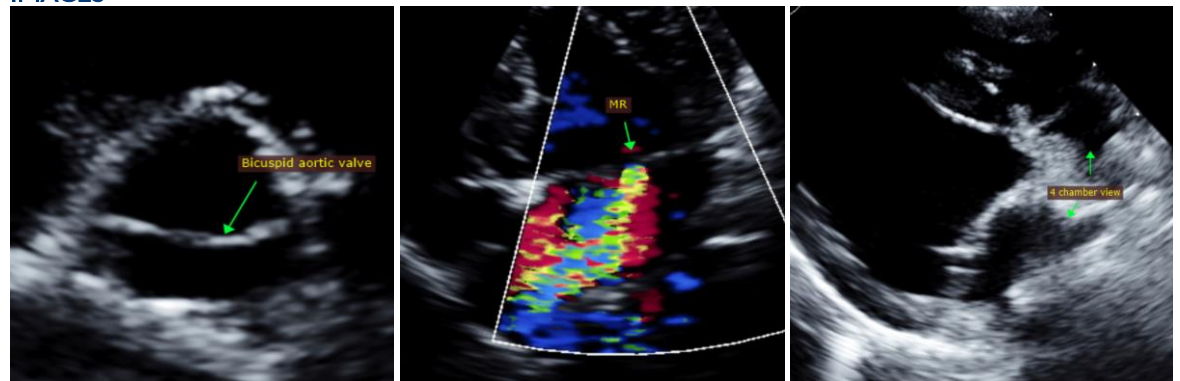
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- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane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

IMAGES



IMAGING PERFORMED BY
Pamela Harrigan,
RDCS

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REFERRING VET
Dr. Masloski

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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.

Maggie Machen Lamy, DVM
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info@sonopath.com

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