



PATIENT

Phoebe Murray

SPECIES

Canine

BREED

Minature Pinscher

SEX

Female Spayed

AGE

11 years

WEIGHT

11.8lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Rhode Island Animal
Medical Center

REFERRING VET

Dr. Rogoff

INVOICE

21783

DATE

10/30/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B1. Currently coughing, has urinary incontinence, arthritis. BP: 140, 146, 147mmHg.

-Current medications: Incurin 1 t SID; Dasuquin SID, Prednisone 1mg, 1/2 EOD; Hydrocodone 1.4 t EOD, Zyrtec.

-Pertinent previous echo findings (10/21/20 Mark Stamoulis, DVM). LA 1.6 cm; LA:Ao 1.24; LV 2.67 cm; normal LA size; mild MR; trivial TR; diastolic dysfunction (reversed E/A - <1), prolonged deceleration time).

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 mildly thickened with minimal prolapse into the left atrial lumen. Mild eccentric 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 normal with trace tricuspid regurgitation; normal velocity.

Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. Trace 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)	2.1
LA:Ao (Swe)	1.6
IVS thickness (cm)	0.8
LVID diastole (cm)	2.9
PW thickness (cm)	0.9
LVID systole (cm)	1.4
FS (%)	51

Doppler Measurements

PV Vmax (m/s)	0.55
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	NM
TR Vmax (m/s)	NM
TR PG (mmHg)	NM

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing mild mitral and trace tricuspid regurgitation. Compared to the prior study, there is evidence of mild progression; however, the left atrial dimension remains only mildly enlarged. The LV is normal, and 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

- Given these findings, no cardiac medications are clearly indicated.



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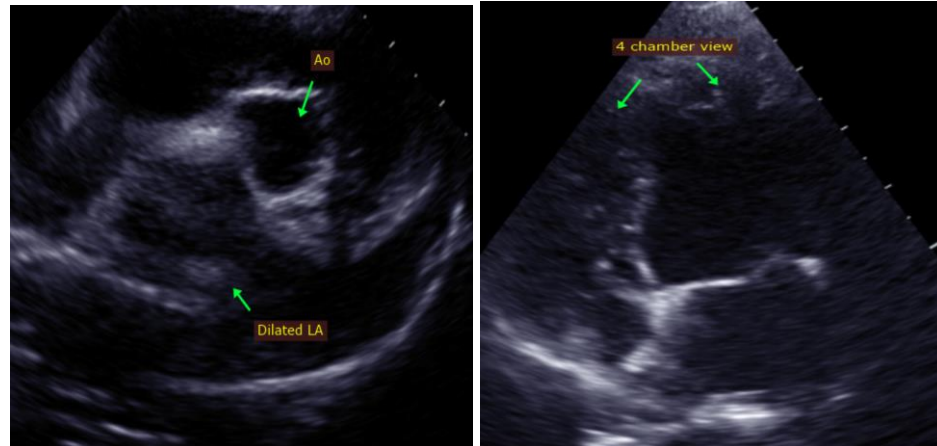
10/30/21

- 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



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.

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