



PATIENT

Randy Harrington

SPECIES

Canine

BREED

Beagle Mix

SEX

Male Neutered

AGE

12 years

WEIGHT

55lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

26692

DATE

10/4/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B1. Currently, doing well. Good appetite and energy. grade IV/VI systolic murmur; BP 140-150mmHg. Medications: 1) Benazepril 5mg 1 tab twice a day 2) Gabapentin 300mg 1 capsule twice a day 3) Apoquel twice a day 4) Thyroxine 0.5mg 1 tab twice a day 5) Mometomax. -Pertinent previous echo findings (2/24/21 MML): LA 3.6 cm; LA:Ao 1.38; LV 4.0 cm; minimal LAE; moderate MR; mild TR (2.6 m/s; 27mmHg).

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 mildly thickened with mild prolapse into the left atrial lumen. Moderate mitral regurgitation with a normal velocity.

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Mild aortic insufficiency.

Right ventricle: Normal right ventricular diameter and morphology.

Right atrium: Normal RA dimension.

Tricuspid valve: The tricuspid valve appears mildly thickened with septal prolapse and mild tricuspid regurgitation. Velocity consistent with early pulmonary hypertension.

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)	2.6
LA diam (cm)	3.6
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.9
LVID diastole (cm)	4.4
PW thickness (cm)	0.9
LVID systole (cm)	1.8
FS (%)	59

Doppler Measurements

PV Vmax (m/s)	1.1
AoV Vmax (m/s)	2.0
MR Vmax (m/s)	5.2
TR Vmax (m/s)	3.3
TR PG (mmHg)	41

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with stable left heart disease. Moderate mitral regurgitation is unchanged without progressive LA or LV enlargement. Mild pulmonary hypertension has developed, which was not identified previously. This is of unknown significance in a dog without respiratory signs and simple monitoring is advised. No additional issues are identified.

Given these findings, no additional medications are warranted. Continued assessment of progression in the future will help predict long term prognosis, which remains highly variable at this stage (B1).



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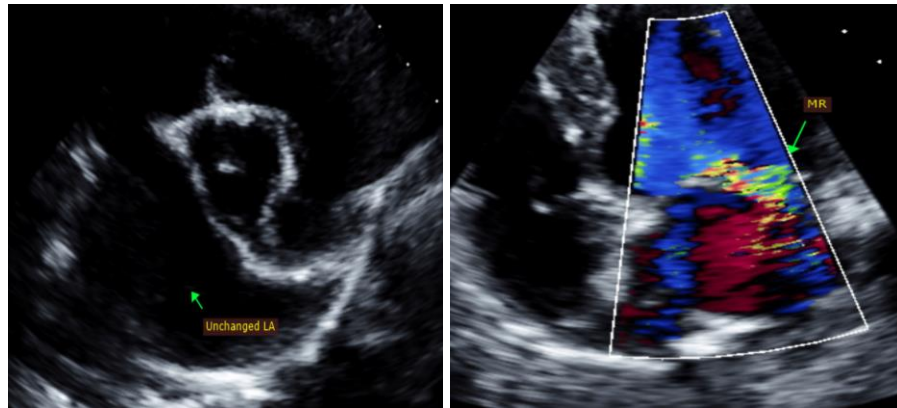
RECOMMENDATIONS

- Continue Enalapril as prescribed.
- 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 6-12 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)