



**PATIENT**

Turner Hubert

**SPECIES**

Canine

**BREED**

Cocker Spaniel

**SEX**

Male Neutered

**AGE**

10 years

**WEIGHT**

34lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History severe mitral regurgitation, moderate LAE, and equivocal pulmonary hypertension on prior study (4/23/21, Tai Casagrande, DVM). Current presentation: Turner is presently doing well with a good appetite and activity level. He has no noted C/S/V/D. He has taken some trazodone with gabapentin for his visit today. CV/RESP: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 140mmHg x 3.

-Current medications: Pimobendan/vetmedin 5mg 3/4 tab twice a day.

-Pertinent previous echo measurements: LA 2.89 cm; LA:Ao 1.90; LV 3.41 cm; TR 2.75 m/s; PG 30 mmHg.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and Doppler imaging is available.

**Left ventricle:** Minimal LV dilation with adequate 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 thickened with septal prolapse and mild to moderate 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 130bpm.

**IMAGING**

**PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary  
Specialty Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

21344

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**2-Dimensional Measurements**

Ao diam (cm)	1.6
LA diam (cm)	2.8
LA:Ao (Swe)	1.7
IVS thickness (cm)	0.8
LVID diastole (cm)	3.2
PW thickness (cm)	0.8
LVID systole (cm)	1.6
FS (%)	50

**Doppler Measurements**

PV Vmax (m/s)	1.2
AoV Vmax (m/s)	2.1
MR Vmax (m/s)	5.5
TR Vmax (m/s)	2.8
TR PG (mmHg)	32

**INTERPRETATION OF THE FINDINGS**

Chronic degenerative valve disease causing moderate mitral and mild to moderate tricuspid regurgitation. Moderate left atrial enlargement indicates there is relatively low risk for imminent complication, however risk for progression to spontaneous congestive heart failure in the future is elevated. Early pulmonary hypertension is noted which should be monitored going forward. No additional issues are identified. Compared to the previous findings, there is minimal evidence of progression in left or right-sided disease.



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Given these findings, continue Pimobendan lifelong. No additional medications are indicated. Assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).

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**RECOMMENDATIONS**

- Continue Pimobendan 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.

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**PLAN**

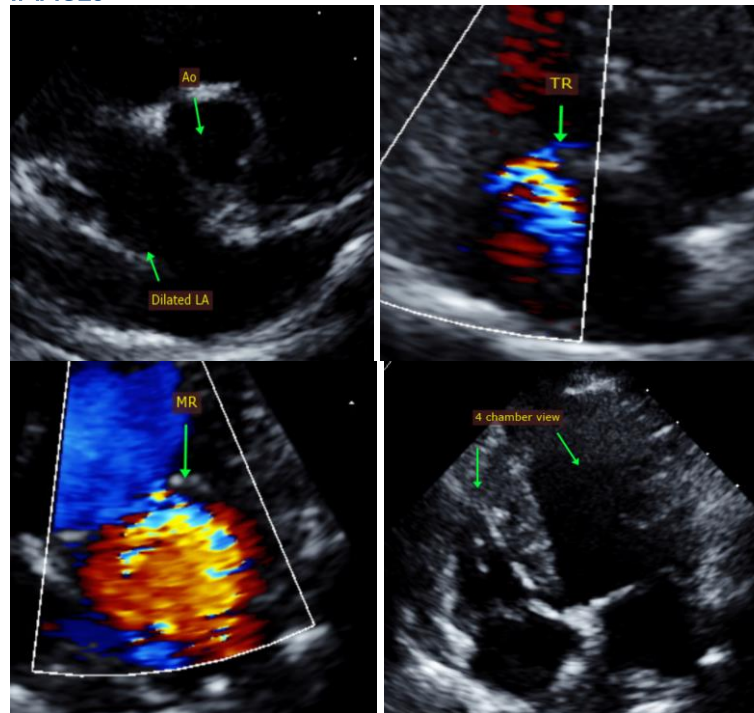
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

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**IMAGES**

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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.

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

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

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