PAUS
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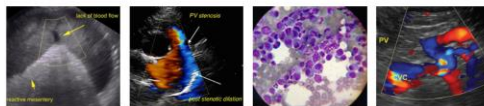


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
PJ Whittemore

SPECIES
Canine

BREED
Chihuahua Mix

SEX
Male Neutered

AGE
9 years

WEIGHT
22lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
New England Animal Medical Center

REFERRING VET
Dr. Fernandez

INVOICE
21809

DATE
11/1/21

PRESENTING CLINICAL SIGNS

History: PJ Recheck echo. History chronic valvular disease - Stage B1. Currently doing well at home, no coughing or exercise intolerance, good appetite.
-Pertinent previous echo findings (2/10/21 Josh Gidlewski, DVM, DACVIM, Cardiology): LA 1.7 cm; LA:Ao 1.58; LV 2.42 cm; normal LA size; mild MR; mild TR (2.95 m/s); borderline increased TR velocity.

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. Mild to moderate 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 mildly thickened 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 140bpm.

2-Dimensional Measurements

Measurement	Value
Ao diam (cm)	1.4
LA diam (cm)	2.1
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.68
LVID diastole (cm)	2.4
PW thickness (cm)	0.64
LVID systole (cm)	1.0
FS (%)	57

Doppler Measurements

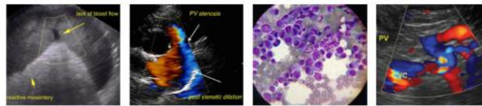
Measurement	Value
PV Vmax (m/s)	1.66
AoV Vmax (m/s)	1.9
MR Vmax (m/s)	NM
TR Vmax (m/s)	2.4
TR PG (mmHg)	22

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing mild to moderate mitral and mild tricuspid regurgitation persists. Compared to the prior study there is slight evidence of progression in LA dimension; however, the LV remains normal, and no additional issues are identified. Continued 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.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.



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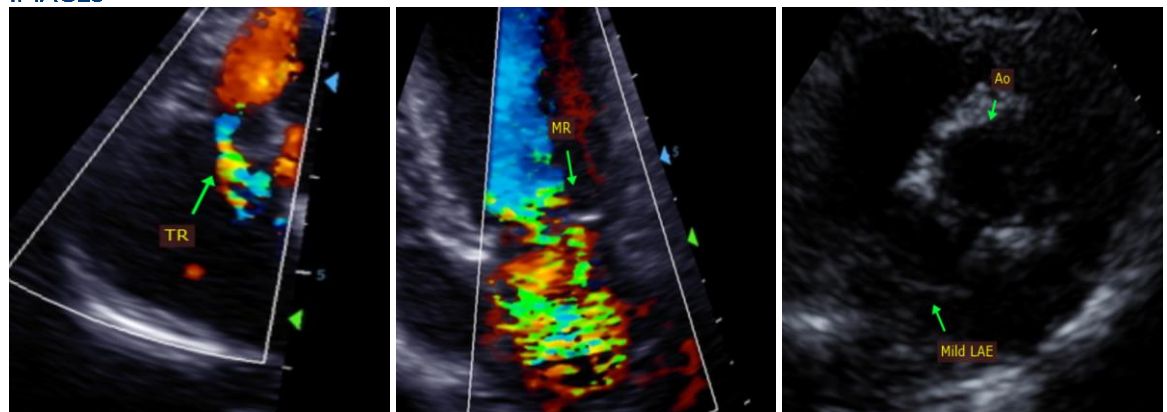
- Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and 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.

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