



**PATIENT**

Wally Carlson

**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

Male Neutered

**AGE**

12 years

**WEIGHT**

16.4lbs

**INTERPRETED BY**

Maggie Machen Lamy, DVM DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Mass Veterinary Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

27208

**DATE**

11/1/22

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History chronic valvular disease - Stage B2. Currently, Wally is doing well with the exception of significant OA. He is eating well with normal exercise. On exam: NSR, grade III/VI murmur with PMI left apical area, PSS, lung fields clear. BP: 130mmHg x 5. Medications: 1) Pimobendan 5mg 1/2 tab twice a day 2) fish oil 3) Novox twice a day \*No sedation for study.

-Pertinent previous echo findings (7/6/21 Maggie Machen Lamy, DVM, DACVIM-Cardiology): LA 2.7 cm; LA:Ao 1.6; LV 3.4 cm; moderate LAE; moderate MR; mild TR with borderline velocity (2.9m/s; 34mmHg).

**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 moderately dilated.

**Mitral valve:** The mitral valve is diffusely thickened with minimal 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 normal with mild tricuspid regurgitation; borderline 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 130bpm.

**2-Dimensional Measurements**

Ao diam (cm)	1.5
LA diam (cm)	2.2
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.6
LVID diastole (cm)	3.4
PW thickness (cm)	0.6
LVID systole (cm)	1.6
FS (%)	53

**Doppler Measurements**

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	1.7
MR Vmax (m/s)	5.7
TR Vmax (m/s)	2.9
TR PG (mmHg)	33

**INTERPRETATION OF THE FINDINGS**

Chronic degenerative valve disease persists with continued stability. No progression is seen in quantitative MR or TR and the right and left heart dimensions are stable. No additional issues are identified.

Continue Pimobendan as prescribed. No additional need for medications. Prognosis remains guarded long-term.



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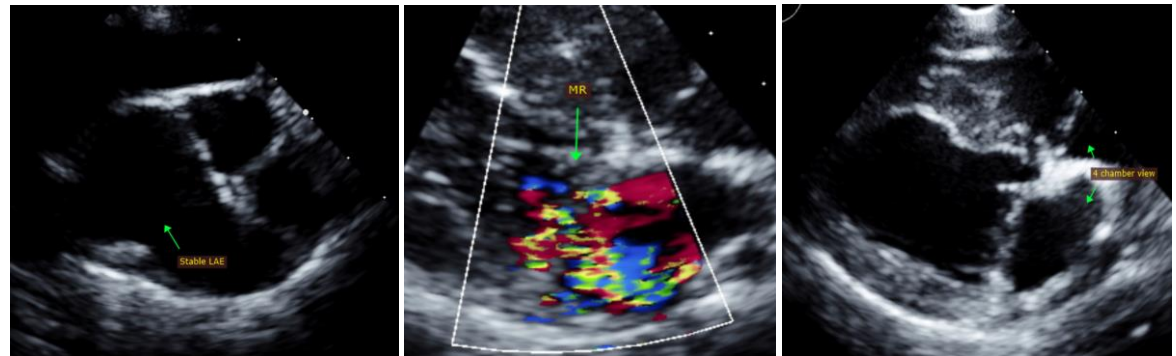
**RECOMMENDATIONS**

- 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.

**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)