



PATIENT
Fitzwilly Page

SPECIES
Canine

BREED
Terrier Mix

SEX
Male Neutered

AGE
13 years

WEIGHT
19.2lbs

INTERPRETED BY
Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan,
RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
27471

DATE
11/15/22

PRESENTING CLINICAL SIGNS

History: Recheck Echo. History chronic valvular disease - Stage B2. Fitzwilly is presently doing well at home. Good appetite and normal energy level. On exam: NSR, Grade IV/VI murmur with PMI left apical area, PSS, lung fields clear, mm pink moist. Current medications: Pimobendan/vetmedin 7.5mg 1/3 tab twice a day *Sedated with Propofol for study. -Pertinent previous echo findings (5/4/22 MML): LA 2.5 cm; LA:Ao 1.8; LV 3.2 cm; moderate LAE; borderline LVE; moderate MR.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is normal with hyperdynamic function. LV wall thicknesses are normal.

Left atrium: The left atrium is mildly dilated.

Mitral valve: The mitral valve is diffusely thickened with 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 mildly thickened with no tricuspid regurgitation.

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) | 1.4 |
| LA diam (cm) | 2.3 |
| LA:Ao (Swe) | 1.6 |
| IVS thickness (cm) | 0.8 |
| LVID diastole (cm) | 2.6 |
| PW thickness (cm) | 0.8 |
| LVID systole (cm) | 1.1 |
| FS (%) | 58 |

Doppler Measurements

| | |
|----------------|------|
| PV Vmax (m/s) | 0.94 |
| AoV Vmax (m/s) | 1.2 |
| MR Vmax (m/s) | 5.1 |
| TR Vmax (m/s) | NA |
| TR PG (mmHg) | NA |

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with evidence of slight improvement on Pimobendan. Mild left atrial enlargement indicates there is relatively low risk for imminent complication. No additional issues are identified.

Given these findings, continue Pimobendan is recommended as prescribed. Continued assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).



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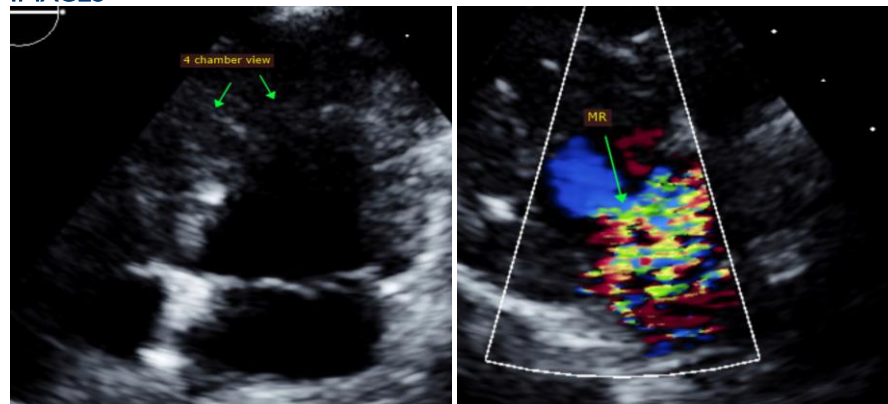
RECOMMENDATIONS

- 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.

PLAN

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

IMAGES

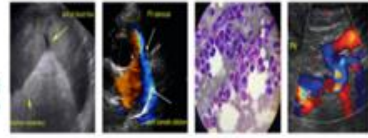


The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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



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