

PATIENT

Monkey Shaw

SPECIES

Canine

BREED

Pomeranian

SEX

Female Spayed

AGE

14 years

WEIGHT

4.88lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

22064

DATE

11/17/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease-Stage B2. Current presentation: Monkey is doing well- good appetite and activity level. Occasional tracheal cough, otherwise, has no significant issues. CV/RESP: NSR, grade III/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear, no cough with tracheal pressure. BP 140mmHg x5.
-Current medications: 1) Pimobendan 1.25mg 1/2 tab twice a day 2) Enalapril 2.5mg 1/2 tab twice a day.
-Pertinent previous echo findings: LA 1.7 cm, LA:Ao 1.4, LV 1.6 cm, mild LAE, mild/moderate MR, moderate TR (3.2 m/s; 41 mmHg) mild pHTN *no sedation for study.

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 diffusely thickened with prolapse into the left atrial lumen. Mild to moderate eccentric mitral regurgitation.

Aortic valve/Aorta: The aortic valve is thickened with no evidence of stenosis. Normal aortic outflow velocity; laminar flow. Mild 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 moderate tricuspid regurgitation; velocity consistent with mild pulmonary hypertension.

Pulmonary valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 170bpm.

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.6
LA:Ao (Swe)	1.6
IVS thickness (cm)	0.5
LVID diastole (cm)	1.9
PW thickness (cm)	0.5
LVID systole (cm)	0.9
FS (%)	40

Doppler Measurements

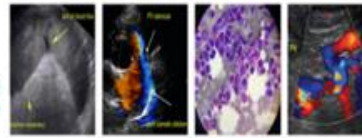
PV Vmax (m/s)	0.87
AoV Vmax (m/s)	1.5
MR Vmax (m/s)	5.8
TR Vmax (m/s)	3.1
TR PG (mmHg)	40

INTERPRETATION OF THE FINDINGS

Unchanged chronic degenerative valve disease with mild to moderate mitral and tricuspid regurgitation. The aortic leak is stable and the left heart dimensions unchanged. No additional issues are identified.

Given these findings, continue two medications as prescribed.

Prognosis is guarded long-term although stability over serial exams is certainly encouraging.



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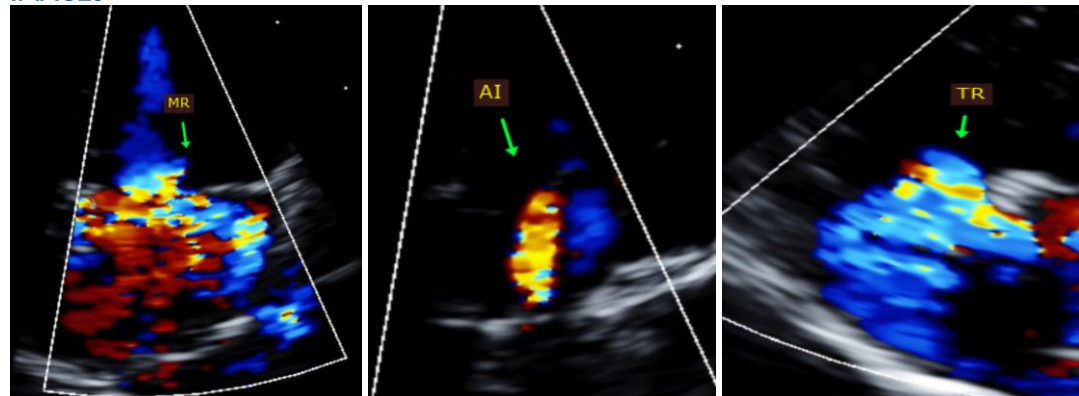
RECOMMENDATIONS

- Continue Pimobendan and Enalapril as prescribed.
- Ensure adequate cough control as needed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is considered mildly elevated 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 6-8 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.

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