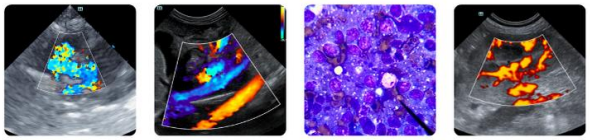

PATIENT

Jessie Tabor

SPECIES

Canine

BREED

Pitbull

SEX

Female Spayed

AGE

14 years

WEIGHT

81.8lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Gudrun Gunther, DVM

HOSPITAL NAME

New Frontier Animal Medical Center

REFERRING VET

Dr. Gunther

INVOICE

45917

DATE

11/24/25

PRESENTING CLINICAL SIGNS

History: Recheck echo. Asymptomatic. Assess prior to steroid use.
-Current medications: Atenolol 25mg 1 PO BID, Amitriptyline 50mg 1 PO BID, ThyrTab 0.3mg 1 PO BID
-Pertinent previous echo findings (12/2024 MML): PS severe. Trace TR, moderate RHE. PV max: 4.5m/s; No change from previous.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve leaflets with no obvious prolapse into the left atrial lumen. No obvious mitral regurgitation. Normal left atrial dimension. Normal LV diameter with normal myocardial function. The LV wall appears normal. The tricuspid valve appears normal with trace TR. Moderate right atrial dilation. Moderate right ventricular hypertrophy and remodeling indicative of pressure overload. Mild right ventricular dilation. Pulmonic outflow velocities are suspected to be elevated based upon an elevated TR velocity (not captured). The pulmonic valve is poorly visualized. There is mild post-stenotic dilation of the main pulmonary artery and branches. Mild pulmonic insufficiency. The aortic valve appears to have normal morphology and mobility. No obvious cardiac shunts are present. No pericardial or pleural effusion noted.

CARDIAC CHART

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	NA	4.5	1.3	1.3	46	80	NM
CANINE CARDIAC PARAMETERS	**HR** (BPM)	**AV VMAX** (m/s)	**PV MAX** (m/s)	**BODY WEIGHT** (kg)	**LA** 2D short axis Base view (cm)	**LVIDd** Avg; 2D and m-mode short axis (cm)	**LVIDs** Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
PATIENT	NM	1.0	Est 4.5	37.0	2.9	2.1	1.1
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
BODY WEIGHT DEPENDENT PARAMETERS				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
Note: All measurements based upon multi-modal images and methods. An average value is reported.				10	1.50 (3.8)	3.27 (3.5)	2.06 (3.1)
				15	1.83 (2.0)	3.71 (2.4)	2.43 (2.1)
				20	2.02 (1.9)	4.14 (2.2)	2.80 (2.0)
				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
				40	2.62 (5.2)	5.48 (6.1)	3.96 (5.4)
				50	2.88 (7.1)	6.07 (8.3)	4.46 (7.4)

Adapted from June Boon, Veterinary Echocardiography, 1998
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435
Hansson et al, Vet Rad and Ultrasound 2002
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Compared to the prior study, findings are similar. Moderate right heart enlargement is unchanged with no progression identified. The left heart is normal as was documented previously.

Given these findings, continue Atenolol as prescribed. Mild exercise restriction is recommended lifelong. While there are many ways to manage lifelong congenital cases; however, if the patient is asymptomatic annual rechecks seem reasonable going forward.

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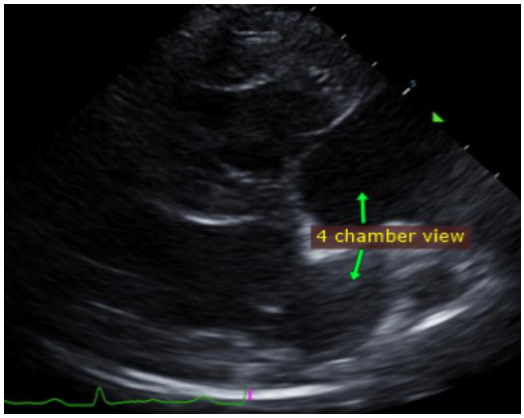
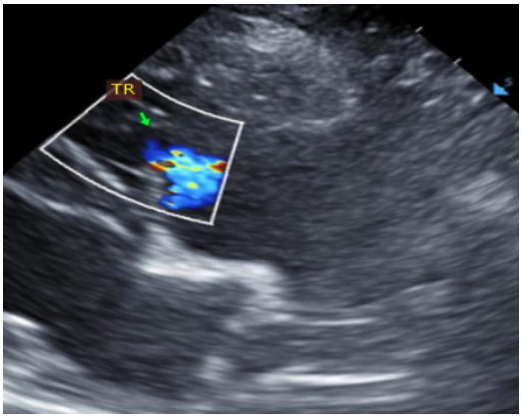
Anesthetic risk is mild to moderate at this time. Avoid heart rate stimulating drugs such as atropine or glycopyrrolate unless absolutely necessary. Avoid vasodilators such as acepromazine. Mild IV fluid restriction is advised. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction and recover in O2 if possible. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary.

Ideally steroids would be avoided in any patient with chronic structural cardiac disease. That being said, given the stability of disease overall, risk is likely relatively low especially if used in the short-term. Monitor for signs of intolerance, such as acute change in breathing.

PLAN
Continue Atenolol as prescribed.

Recheck echocardiogram is recommended annually, sooner if syncope or abdominal distention are noted.

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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