



**PATIENT**

Griffin Consolini

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

Male Neutered

**AGE**

14 years

**WEIGHT**

13.19lbs

**INTERPRETED BY**

Maggie Machen Lamy, DVM DACVIM (Cardiology)

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History chronic valvular disease. Presently, Griffin has an occasional cough --- choking/gagging quality. Occasional short lived panting episodes. Eating very well with normal activity level. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 120mmHg x 5. Current medications: 1) Pimobendan/vetmedin 1.25mg 1 tab twice a day 2) Enalapril 2.5mg 1 tab twice a day 3) Lasix/furosemide 12.5mg 1/4 tab twice a day 4) Apoquel 5.4mg 1/2 tab daily \*No sedation for study.

-Pertinent previous echo findings (4/27/22 MML): LA 2.2 cm; LA:Ao 1.5; LV 2.9 cm; mild LAE; moderate MR; trace TR.

**ECHOCARDIOGRAM FINDINGS**

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

**Left ventricle:** There is no LV dilation with adequate function. LV wall thicknesses are normal.

**Left atrium:** The left atrium is mildly enlarged.

**Mitral valve:** The mitral valve is diffusely thickened with significant prolapse into the left atrial lumen. Moderate mitral regurgitation. Normal velocity.

**Aortic valve/aorta:** The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Trace 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 trace 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 130bpm.

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Mass Veterinary Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

27688

**DATE**

11/29/22

**2-Dimensional Measurements**

Ao diam (cm)	1.6
LA diam (cm)	2.4
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.5
LVID diastole (cm)	2.7
PW thickness (cm)	0.5
LVID systole (cm)	1.2
FS (%)	55

**Doppler Measurements**

PV Vmax (m/s)	0.9
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	5.9
TR Vmax (m/s)	2.7
TR PG (mmHg)	30

**INTERPRETATION OF THE FINDINGS**

Chronic degenerative valve disease persists with no evidence of progression. Mild left atrial enlargement is unchanged with moderate MR. The aortic leak is stable and no concurrent issues, such as pulmonary hypertension are noted.

Given these findings, reasonable to continue medications as previously prescribed, although necessity of Lasix going forward could be debated. The cough/gag symptom is suspected to be non-cardiac in origin, and hydrocodone may be beneficial for QOL.



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Prognosis is guarded long-term.

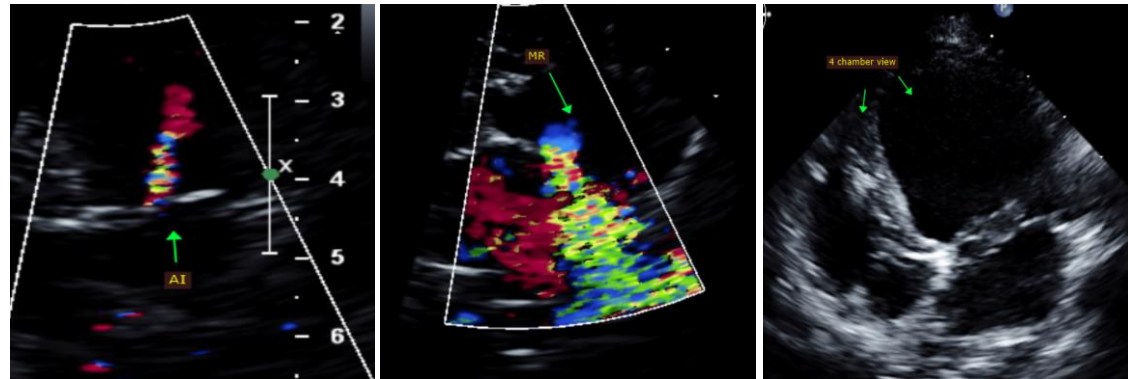
**RECOMMENDATIONS**

- Continue medications if desired as prescribed.
- Consider hydrocodone,
- Anesthetic risk is considered mild and judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance.

**PLAN**

- Monitor renal values and BP every 3-4 months.
- 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

Diplomate of the American College of Veterinary Internal Medicine (Cardiology)

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Echocardiogram performed by:

Pamela Harrigan, RDCS

Pet Animal Ultrasound Service (4paus.com)