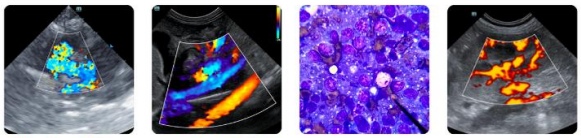


DATE

11.3.25

PATIENT

Oliver Grigg

SPECIES

Canine

BREED

Maltipoo

SEX

MN

AGE

10.14.11

WEIGHT

10.8lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

HOSPITAL NAME

Doc Side Veterinary Medical Center

REFERRING VET

Dr. Tierney

INVOICE

45625

PRESENTING CLINICAL SIGNS

History: Recheck echo. BP: 150mmHg; stressed.
Pertinent abnormal PE/Chem/CBC/UA Results (03-12-25): CBC WNL. Chem- ALP 272 incr was 13/239/149 ALT 175 incr was 198/138/113, Ca 12.9 incr was 11.3/12.2/11.1, Creat 1.3 WNL was 0.9 WNL, BUN 22 WNL was 17 WNL, SDMA 18.8 incr was 20.6 incr. T4 1.7 WNL. UA USG 1.018, pH 8.5, Protein Neg, Sediment Benign
-Current medications: Ursodiol 50mg 1 SID, Welactin, Trazodone/Gabapentin for vet visits, Selegiline Hydrochloride Tablet 5mg 1/2 -1 tablet once a day
-Sedation used: Not required to complete full diagnostic ultrasound.
-Pertinent previous ultrasound results (4/28/25 MML): CVD B1. Mild MR, mild LAE, trace TR: 2.7m/s> LA: 2.0, LV: 2.1.
-STAT: Not requested.
-Imaging performed by: Stephanie Warga RDCS, RVT.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with mild prolapse into the left atrial lumen. Mild eccentric mitral regurgitation with no left atrial dilation. Decreased LV diameter with adequate myocardial function. The tricuspid valve appears normal with trace tricuspid regurgitation. Normal velocity. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. No obvious aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses.

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	6.0	2.7	NM	1.2	45	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	160	1.0	0.6	4.9	1.5	1.8	0.9
*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)
Adapted from June Boon, Veterinary Echocardiography, 1998				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
Hansson et al, Vet Rad and Ultrasound 2002				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995				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)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease persists with evidence of stability. Mild mitral and trace tricuspid regurgitation are unchanged, with no progressive cardiac enlargement. On the contrary, the LA and LV have actually decreased in size, which can be seen with volume depletion A persistent lack of atrial or ventricular enlargement indicates the current risk for complication remains low. No concurrent issues such as pulmonary hypertension are identified.

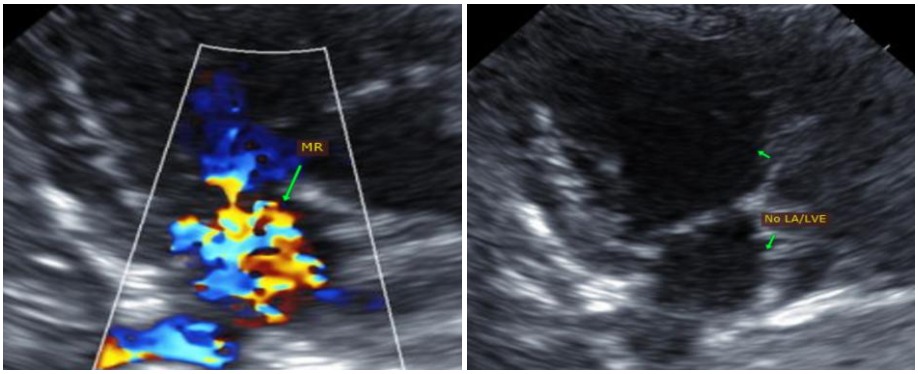
Given these findings, no cardiac medications are clearly indicated. While a lack of significant progression is certainly a good sign, continued monitoring is advised lifelong to determine if and when medications are necessary.

Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

No cardiac contraindication for general anesthesia.

Recommend conservative monitoring with a recheck echocardiogram in 6-12 months, sooner if any development of clinical signs in the interim.

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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info@sonopath.com