



**PATIENT**

MacCoy Teixeira

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

Male Neutered

**AGE**

12 years

**WEIGHT**

15.3lbs

**PRESENTING CLINICAL SIGNS**

History: Grade III/VI heart murmur. No cough, crackles, or syncope. BP:180,185,190mmHg.

**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 normal.

**Mitral valve:** The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Trivial eccentric mitral regurgitation.

**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:** Mild RA enlargement.

**Tricuspid valve:** The tricuspid valve appears thickened with septal prolapse and moderate 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 90bpm.

**2-Dimensional Measurements**

Ao diam (cm)	1.6
LA diam (cm)	1.9
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.7
LVID diastole (cm)	2.3
PW thickness (cm)	0.7
LVID systole (cm)	1.5
FS (%)	36

**Doppler Measurements**

PV Vmax (m/s)	0.85
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	NA
TR Vmax (m/s)	2.5
TR PG (mmHg)	25

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING**

**PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Compassionate Care  
Veterinary Clinic

**REFERRING VET**

Dr. Roman

**INVOICE**

27288

**DATE**

11/4/22

**INTERPRETATION OF THE FINDINGS**

The cause of the murmur is chronic degenerative valve disease causing trivial mitral and moderate tricuspid regurgitation. Lack of significant left or right atrial enlargement indicates the current risk for complication is low. It is somewhat unusual to see significant TR (in the absence of MR) without pulmonary hypertension; however, the recorded velocity is normal. No additional issues are identified.

Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).

The reported blood pressure is elevated and should be reassessed for accuracy particularly given no reported clinical signs of severe hypertension (retinal changes, etc.) or evidence of LVH on echo. Ideally obtain serial measurements in a controlled, low stress environment and continue until 3 consecutive readings plateau within 5mmHg of variability. If persistently >180mmHg despite a relatively calm demeanor, recommend institution of amlodipine to effect. Additionally, if deemed accurate, screening for



**PATIENT**

MacCoy Teixeira

predisposing underlying causes of SHT is recommended (Cushing's, PLN, adrenal tumor, etc.), as primary disease is relatively uncommon and a rule out diagnosis.

**SPECIES**

Canine

**RECOMMENDATIONS**

- No cardiac medications are clearly indicated.
- Reassess BP as discussed.
- 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.

**BREED**

Terrier Mix

**SEX**

Male Neutered

**AGE**

12 years

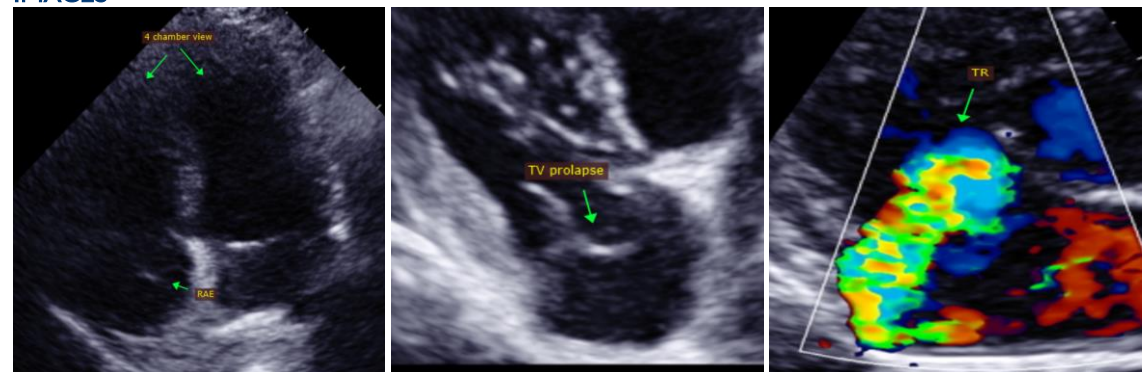
**WEIGHT**

15.3lbs

**PLAN**

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

**IMAGES**



**INTERPRETED BY**

Maggie Machen Lamy, DVM  
 DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Compassionate Care Veterinary Clinic

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.

**REFERRING VET**

Dr. Roman

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.

**INVOICE**

27288

Maggie Machen Lamy, DVM  
 Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
 info@sonopath.com

**DATE**

11/4/22