



PATIENT

Mack Jacobson

SPECIES

Canine

BREED

Cavalier

SEX

Male Neutered

AGE

8 years

WEIGHT

16lbs

PRESENTING CLINICAL SIGNS

History: History of grade II/VI murmur. No history of exercise intolerance/coughing, otherwise doing well. Needs dental cleaning/several extractions. Echo to check for any anesthetic contraindications. ProBNP run in June 2022 600 (within normal range). History of macrothrombocytosis on previous CBCs.

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. Mild eccentric mitral regurgitation with a normal velocity.

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.

Right atrium: Normal RA dimension.

Tricuspid valve: The tricuspid valve appears normal with mild tricuspid regurgitation. Velocity consistent with early pulmonary hypertension.

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 200bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.6
LA diam (cm)	2.3
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.7
LVID diastole (cm)	2.2
PW thickness (cm)	0.7
LVID systole (cm)	1.3
FS (%)	42

Doppler Measurements

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	5.7
TR Vmax (m/s)	3.1
TR PG (mmHg)	39

IMAGING

PERFORMED BY

Eduardo Rodriguez
III, RCS

INTERPRETATION OF THE FINDINGS

The cause of the murmur is chronic degenerative valve disease causing mild mitral and tricuspid regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. Early pulmonary hypertension is noted, which is of unknown significance in an asymptomatic dog. No additional issues are noted in this study.

HOSPITAL NAME

Chase Veterinary
Clinic

REFERRING VET

Dr. Lipinski

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

INVOICE

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RECOMMENDATIONS

- No cardiac medications are clearly indicated.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.



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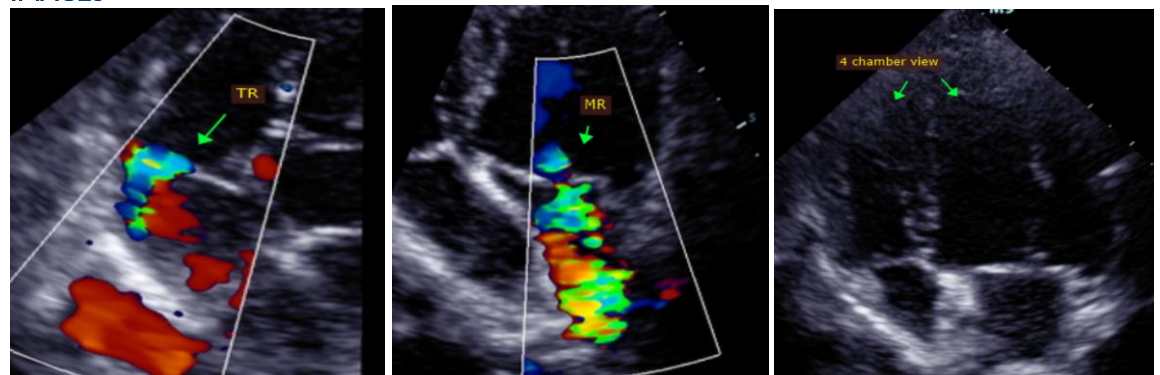
11/7/22

- 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.

PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 6 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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