



PATIENT
Sophie Hitchinson

PRESENTING CLINICAL SIGNS

History: Sophie is referred to evaluate a heart murmur. Thoracic radiographs NSF. A ProBNP was elevated at 2128. Needs dental prophylaxis. Good appetite; her activity level seems to be slowing a bit. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 170mmHg x 5. No cardiac medications. *No sedation for study.

SPECIES
Canine

ECHOCARDIOGRAM FINDINGS

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

BREED
Shih Tzu

Left ventricle: The LV diameter is normal with adequate myocardial function. LV wall thicknesses are normal.

Left atrium: The left atrium is normal.

SEX

Mitral valve: The mitral valve is diffusely thickened with minimal prolapse into the left atrial lumen. Mild to moderate anterior-directed mitral regurgitation with a normal velocity.

Female Spayed

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

AGE

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

9 years

Right atrium: Normal RA dimension.

Tricuspid valve: The tricuspid valve appears mildly thickened with mild tricuspid regurgitation; normal velocity.

WEIGHT

Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

13.5lbs

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 150bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.6
LA diam (cm)	1.8
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.7
LVID diastole (cm)	2.3
PW thickness (cm)	0.7
LVID systole (cm)	1.1
FS (%)	52

Doppler Measurements

PV Vmax (m/s)	0.8
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	5.0
TR Vmax (m/s)	2.7
TR PG (mmHg)	30

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

INTERPRETATION OF THE FINDINGS

The cause of the murmur is chronic degenerative valve disease causing mild to moderate mitral and mild tricuspid regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. No concurrent issues such as pulmonary hypertension are noted in this study.

REFERRING VET

Dr. Masloski

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

INVOICE

27351

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

DATE

11/9/22



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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.

BREED
Shih Tzu

- 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.

SEX
Female Spayed

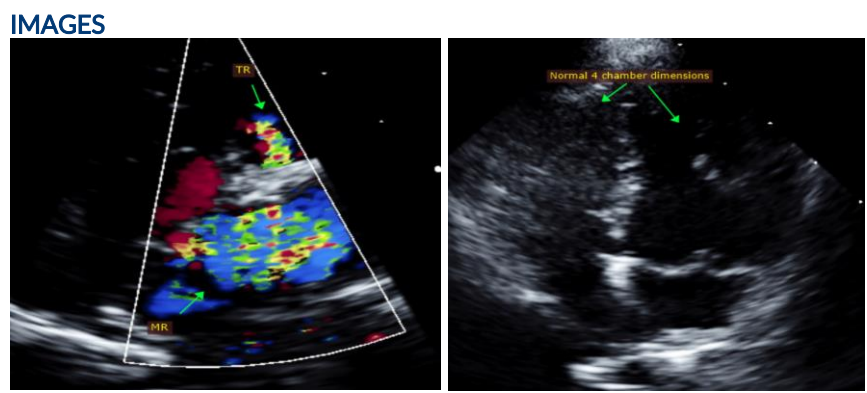
AGE
9 years

- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

WEIGHT
13.5lbs

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

INTERPRETED BY
Maggie Machen Lamy, DVM
DACVIM (Cardiology)



IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

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. Masloski

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
27351

Maggie Machen Lamy, DVM
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11/9/22

Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)