

PATIENT

Dasha Fischer

SPECIES

Canine

BREED

Mix

SEX

Female Spayed

AGE

12 years

WEIGHT

42lbs

PRESENTING CLINICAL SIGNS

History: Obtained from St. Kitts 10 years ago, diagnosed with heartworm disease at that time. Treated with Melarsomine and Doxycycline. Has been clinically normal other than pancreatitis. Presented for mass removals 12/1 and heart slightly muffled. Consider for mild cardiomegaly on thoracic films.

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 indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: Normal RA dimension.

Tricuspid valve: The tricuspid valve appears normal with no tricuspid regurgitation.

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 100bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	2.3
LA diam (cm)	2.6
LA:Ao (Swe)	1.1
IVS thickness (cm)	1.0
LVID diastole (cm)	3.7
PW thickness (cm)	1.0
LVID systole (cm)	1.2
FS (%)	32

Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	5.9
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing mild mitral regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. No additional issues are identified. No obvious evidence of right-sided enlargement or pulmonary hypertension, secondary to the prior heartworm infestation.

HOSPITAL NAME

Wood River Animal
Hospital

REFERRING VET

Dr. Fischer

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

INVOICE

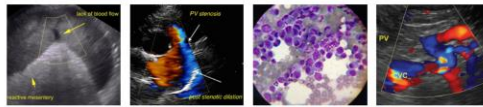
27776

DATE

12/2/22

RECOMMENDATIONS

- In a dog without significant left atrial enlargement, 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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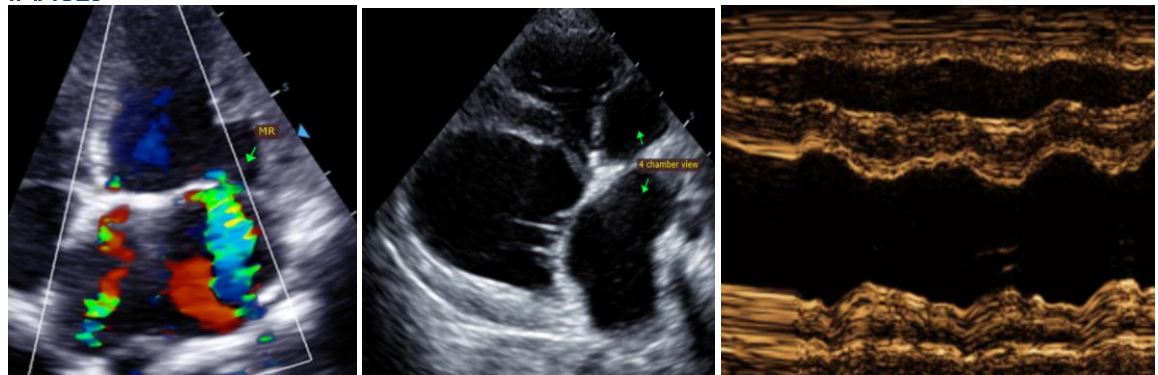
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- Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for 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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