



PATIENT

Bella Tarantino

SPECIES

Canine

BREED

Shih Tzu

SEX

Female Spayed

AGE

10 years

WEIGHT

11lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

New England Animal
Medical Center

REFERRING VET

Dr. Fernandez

INVOICE

22285

DATE

12/6/21

PRESENTING CLINICAL SIGNS

History: Presented for vomiting and bloody diarrhea. Blood work and radiographs were unremarkable. Had tense abdomen and back pain – started on gabapentin and cerenia. Vomited water this morning. On exam, liquid diarrhea, no blood noted. Grade III/VI murmur. Radiographs (radiologist review): normal thorax and abdomen. Medications: IVF, cerenia, pantoprazole, metronidazole, buprenorphine. Having bi-cavity ultrasound exams.

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 mild prolapse into the left atrial lumen. Mild eccentric mitral regurgitation with an elevated 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 trace 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 80bpm.

2-Dimensional Measurements

Ao diam (cm)	1.5
LA diam (cm)	1.5
LA:Ao (Swe)	1.0
IVS thickness (cm)	0.66
LVID diastole (cm)	2.3
PW thickness (cm)	0.63
LVID systole (cm)	1.3
FS (%)	44

Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	6.5
TR Vmax (m/s)	2.0
TR PG (mmHg)	16

INTERPRETATION OF THE FINDINGS

The cause of the murmur is chronic degenerative valve disease causing mild mitral and trace tricuspid regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. No concurrent issues such as systolic dysfunction or pulmonary hypertension are noted in this study. Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1). The ECG shows a respiratory sinus arrhythmia, which is likely due to high vagal tone in a dog with GI signs.



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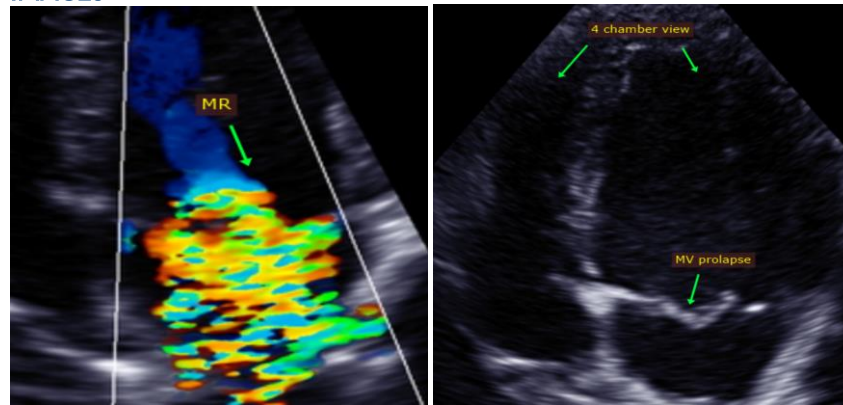
RECOMMENDATIONS

- 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.
- No contraindication for general anesthesia prior to chamber enlargement.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 6-12 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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