



PATIENT

Frankie Young

SPECIES

Canine

BREED

Schnauzer

SEX

Male Neutered

AGE

11 years

WEIGHT

24.3lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Wignall Animal
Hospital

REFERRING VET

Dr. Detelich

INVOICE

22532

DATE

2/13/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B1. Currently doing well; no clinical issues. On auscultation, grade III/VI systolic murmur. BP: 170-180mmHg.

-Current medications: Gabapentin 100mg 1t bid enalapril 5mg 1t bid (for proteinuria).
-Pertinent previous echo findings (5/2021 MML): Mild LAE, normal LV, mild MR, trace TR. LA: 2.2, LV: 3.1.

ECHOCARDIOGRAM FINDINGS

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

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

Left atrium: The left atrium is moderately dilated.

Mitral valve: The mitral valve is diffusely thickened with minimal prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation. 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 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 140bpm.

2-Dimensional Measurements

Ao diam (cm)	1.5
LA diam (cm)	2.6
LA:Ao (Swe)	1.7
IVS thickness (cm)	0.7
LVID diastole (cm)	3.46
PW thickness (cm)	0.7
LVID systole (cm)	1.7
FS (%)	50

Doppler Measurements

PV Vmax (m/s)	1.2
AoV Vmax (m/s)	1.6
MR Vmax (m/s)	6.1
TR Vmax (m/s)	2.9
TR PG (mmHg)	35

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with continued progression. Mild disease has become moderate with increasing LA and LV dimension. Additionally, pulmonary hypertension has developed. No additional issues are identified.

Given these findings, Pimobendan is recommended as below. Prognosis is guarded at this stage (B2) with risk for progression to CHF in the future.



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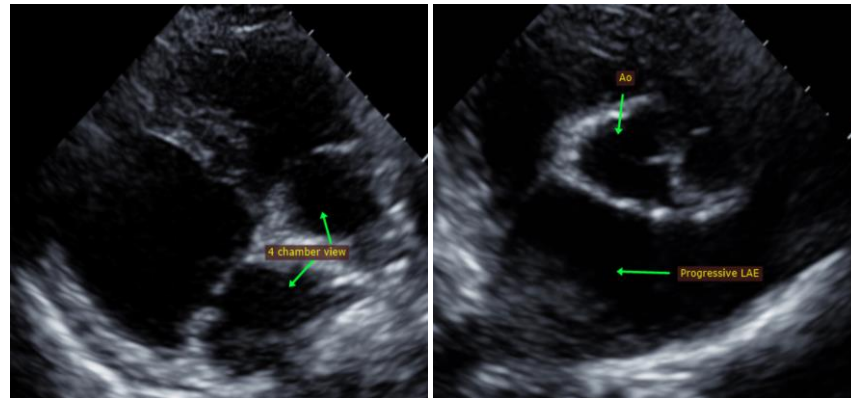
RECOMMENDATIONS

- Institute Pimobendan 0.3mg/kg PO q12h.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Once on the medication for 3-5 days, 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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