



PATIENT

Valentino Dupuis

SPECIES

Canine

BREED

Yorkie poo

SEX

Male Neutered

AGE

14 years

WEIGHT

16.8lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

VCA Whitman Animal
Hospital

REFERRING VET

Dr. Serbin

INVOICE

28962

DATE

2/13/23

PRESENTING CLINICAL SIGNS

History: History chronic valvular disease - Stage B1 (report not available). Intrathoracic mass (chemodectoma) - managed by oncology. Severe periodontal disease, currently on Clindamycin and Gabapentin. Grade I/VI heart murmur. Echocardiogram prior to anesthesia for dentistry.

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 diffusely thickened with no prolapse into the left atrial lumen. Trace mitral regurgitation.

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency. Uniform echogenicity mass associated with the heart base 4.0 x 4.9cm in best viewed cross section. The mass is well encapsulated. No obvious obstruction to blood flow or imposition on cardiac chambers is seen at this time; however, the right heart is mildly enlarged.

Right ventricle: Prominent RV.

Right atrium: Prominent RA.

Tricuspid valve: The tricuspid valve appears mildly thickened with moderate 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 120bpm.

2-Dimensional Measurements

Ao diam (cm)	1.3
LA diam (cm)	1.5
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.8
LVID diastole (cm)	2.0
PW thickness (cm)	0.9
LVID systole (cm)	0.7
FS (%)	67

Doppler Measurements

PV Vmax (m/s)	1.5
AoV Vmax (m/s)	1.0
MR Vmax (m/s)	
TR Vmax (m/s)	2.0
TR PG (mmHg)	16

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve persists with trace mitral and moderate tricuspid regurgitation. Mild left atrial enlargement indicates the current risk for complication is low. No concurrent issues such as systolic dysfunction is noted in this study. Additionally, the previously diagnosed heart base tumor persists. While there is no obvious compression visualized, the right heart is prominent. A thoracic CT scan should be considered as the gold standard tool to screen for peripheral congestion. That being said, the TR velocity is normal suggesting this is not significantly impacting cardiac filling at this time. Reassessment is recommended should the patient experience any syncope or right-sided congestion. No additional issues are identified.



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The prognosis with cardiac chemodectomas tends to be fair. The limiting factor is often hemorrhage into the pericardium, impingement of cardiac blood flow secondary to tumor growth, or metastasis to the thorax or abdomen.

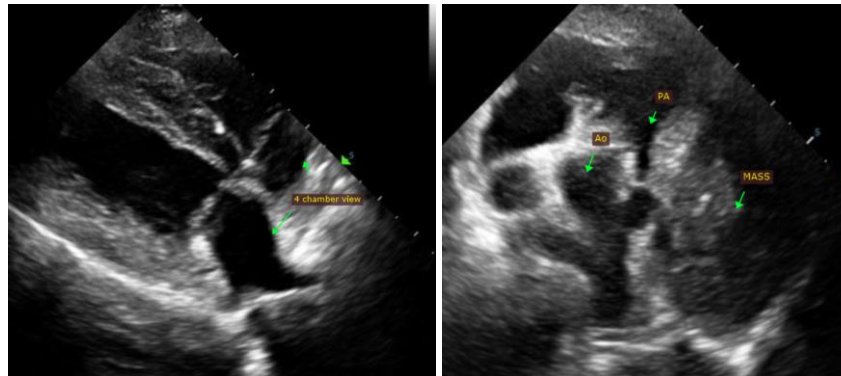
RECOMMENDATIONS

- No cardiac medications are clearly indicated.
- Reassess mass compression should syncope or right-sided compression develop.
- Thoracic CT scan is recommended if not already performed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- There is concern for moderately elevated anesthetic risk in this case. Consider utilizing a facility with an Anesthesiologist due to the presence of a large mass. 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





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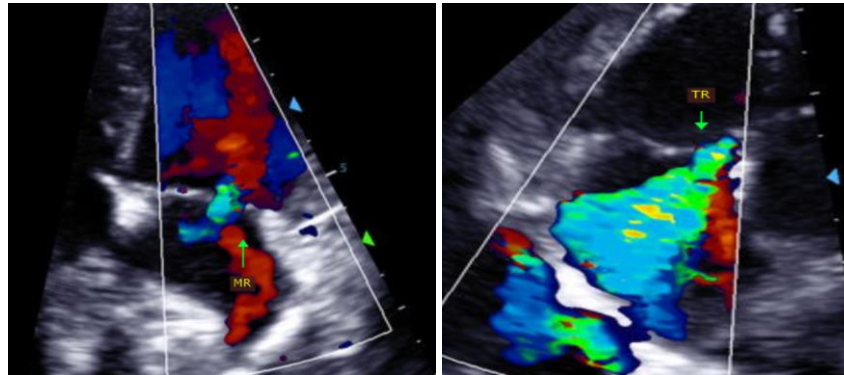
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Maggie Machen Lamy, DVM
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 info@sonopath.com

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