



PATIENT

Beans Pitkin

SPECIES

Canine

BREED

Boston Terrier

SEX

Female Spayed

AGE

13 years

WEIGHT

15lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDMS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

28973

DATE

2/14/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. History of systemic hypertension. Presently, Beans is doing very well. Good appetite and normal activity level. She does not have any current C/S/V/D but has become a bit PU/PD. On exam: NSR, grade III/VI murmur with PMI left apical area, PSS, lung fields clear, mm pink, moist. BP: 80mmHg x 3; 120 mmHg x 1. Current medications: 1) Pimobendan 3.75mg 1/2 tab three times a day 2) Enalapril 2.5mg 1.5 tabs twice a day 3) Amlodipine 2.5mg 1 tab daily 4) Cosequin *No sedation for study*

-Pertinent previous echo findings (7/5/22 MML): LA 2.5 cm; LA:Ao 1.8; LV 2.5 cm; mild - moderate LAE; moderate MR; mild - moderate AI; mild TR (3.3 m/s; 45 mmHg); mild pulmonary hypertension.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: No left ventricular dilation. The systolic dysfunction is adequate. LV wall thicknesses are normal.

Left atrium: Mild to moderate left atrial enlargement.

Mitral valve: The mitral valve is diffusely thickened with mild prolapse into the left atrial lumen. Moderate 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. Mild to moderate aortic insufficiency, max velocity: 4.8m/s.

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 mildly thickened with mild tricuspid regurgitation. Velocity consistent with early pulmonary hypertension.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. Trace 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 150bpm.

2-Dimensional Measurements

Ao diam (cm)	1.5
LA diam (cm)	2.5
LA:Ao (Swe)	1.7
IVS thickness (cm)	1.1
LVID diastole (cm)	2.6
PW thickness (cm)	1.0
LVID systole (cm)	0.9
FS (%)	65

Doppler Measurements

PV Vmax (m/s)	0.82
AoV Vmax (m/s)	2.0
MR Vmax (m/s)	5.6
TR Vmax (m/s)	3.0
TR PG (mmHg)	36

INTERPRETATION OF THE FINDINGS

Compared to the prior study, findings remain stable. Moderate mitral and mild tricuspid regurgitation are unchanged and the left heart dimensions appear stable. The aortic leak appears unchanged, and no additional issues are identified.

Given these findings, continue medications as prescribed. Lifelong monitoring of blood pressure is recommended, as the initial readings were quite low and medications may need to be adjusted. Prognosis remains guarded long-term; however, serial exams have



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shown great stability. Unfortunately, the patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

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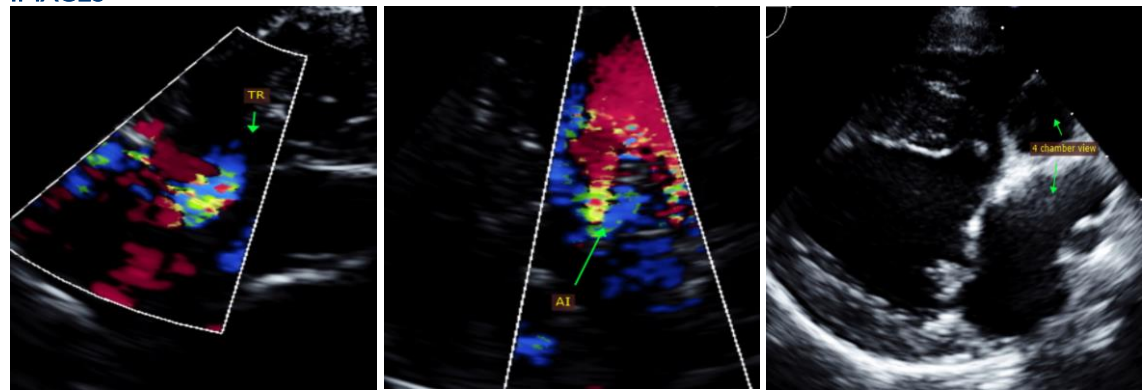
RECOMMENDATIONS

- Continue Pimobendan and Enalapril and Amlodipine as prescribed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is moderately elevated 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

- A recheck echocardiogram is recommended in 6 months, sooner if clinical issues arise in the interim.

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