



PATIENT

Dougal Mehlenbacher

SPECIES

Canine

BREED

Minature Schnauzer

SEX

Male Neutered

AGE

12 years

WEIGHT

18lbs

INTERPRETED BY

Maggie Machen Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Compassionate Care Veterinary Center

REFERRING VET

Dr. Coates

INVOICE

22697

DATE

2/19/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Currently, doing well with no evidence of coughing, tachypnea, exercise intolerance or dyspnea. Needs dental prophylaxis. BP: 120-130mmHg.

-Current medications: Pimobendan 2.5mg, 1 tab AM, 1/2-tab PM; Ursodeoxycholic acid 250mg, 1/2 tab once daily.

-Pertinent previous echo findings (7/2/21 MML): LA 2.8 cm; LA:Ao 2.0; LV 3.5 cm; moderate-severe LAE; moderate-severe MR; mild TR (3.36 m/s; 45 mmHg); mild PAH.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is increased with hyperdynamic function. LV wall thicknesses are normal.

Left atrium: The left atrium is moderately dilated.

Mitral valve: The mitral valve is diffusely thickened with mild prolapse into the left atrial lumen. Moderate to severe 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 aortic insufficiency.

Right ventricle: Normal right ventricular diameter and morphology.

Right atrium: Normal RA dimension.

Tricuspid valve: The tricuspid valve appears mildly thickened with mild tricuspid regurgitation. Velocity consistent with mild 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 90bpm.

2-Dimensional Measurements

Ao diam (cm)	1.6
LA diam (cm)	2.7
LA:Ao (Swe)	1.8
IVS thickness (cm)	0.7
LVID diastole (cm)	3.2
PW thickness (cm)	0.7
LVID systole (cm)	1.5
FS (%)	54

Doppler Measurements

PV Vmax (m/s)	1.0
AoV Vmax (m/s)	1.8
MR Vmax (m/s)	5.7
TR Vmax (m/s)	3.1
TR PG (mmHg)	38

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists without evidence of progression. Moderate mitral and trace tricuspid regurgitation are unchanged and left heart dimensions are slightly improved on Pimobendan. Pulmonary hypertension is stable, and the small aortic leak remains mild. No additional issues are identified.

Given these findings, continue Pimobendan as previously prescribed. Continued assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).



PATIENT

Dougal
 Mehlenbacher

SPECIES

Canine

BREED

Minature Schnauzer

SEX

Male Neutered

AGE

12 years

WEIGHT

18lbs

INTERPRETED BY

Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)

**IMAGING
 PERFORMED BY**

Pamela Harrigan,
 RDCS

HOSPITAL NAME

Compassionate Care
 Veterinary Center

REFERRING VET

Dr. Coates

INVOICE

22697

DATE

2/19/22

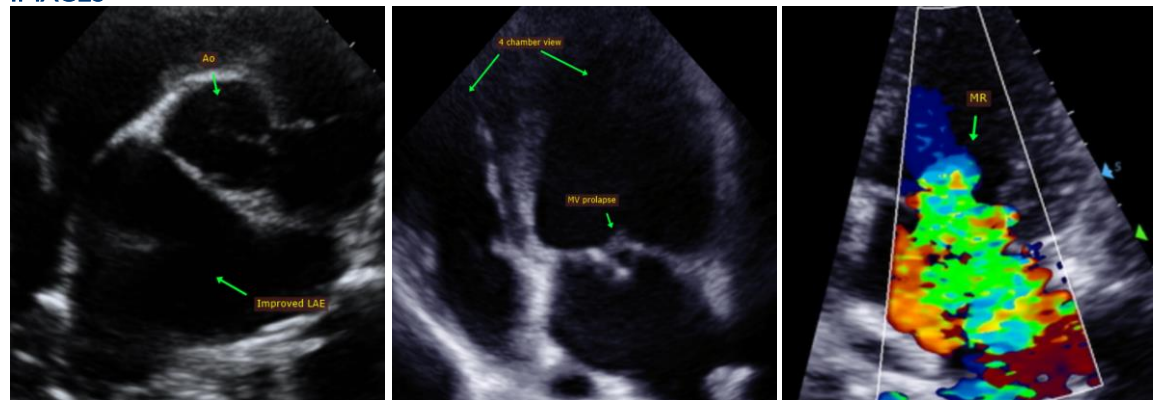
RECOMMENDATIONS

- Continue Pimobendan as prescribed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- 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.

Maggie Machen Lamy, DVM
 Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
 info@sonopath.com