



PATIENT

Sasha Amaya

SPECIES

Canine

BREED

Pitbull

SEX

Female

AGE

~7.8 years

WEIGHT

53lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Potomac Mobile
Veterinary Ultrasound

HOSPITAL NAME

Banfield Animal
Hospital

REFERRING VET

Dr. Jarrett

INVOICE

22710

DATE

2/21/22

PRESENTING CLINICAL SIGNS

History: Has a 4/6 murmur that used to be a 3/6 murmur on 10/2020. Asymptomatic for murmur. Pet needs an emergency OVH tomorrow morning. Pet has pyometra.
-Abnormal PE/Chem/CBC/UA Results: CBC: GLOB 6.0, TP 8.8, WBC 38.35, NEU 34.36, MON 2.21, HCT 51.68. CHEM: WNL.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Normal mitral valve leaflets with no obvious prolapse into the left atrial lumen. No obvious mitral regurgitation. Normal left atrial dimension. Normal LV diameter with normal myocardial function. The LV wall appears normal. The tricuspid valve appears mildly elongated with mild insufficiency seen. Moderate right atrial dilation. Mild right ventricular hypertrophy and remodeling indicative of pressure overload. Mild right ventricular dilation. Pulmonic outflow velocities are severely elevated at the level of the valve. The pulmonic valve appears severely thickened, tethered and stenotic. There is significant post-stenotic dilation of the main pulmonary artery and branches. Mild pulmonic insufficiency. The aortic valve appears to have normal morphology and mobility. No obvious cardiac shunts are

CARDIAC CHART

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	NA	4.6	1.1	1.4	35	65	0.22
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LA 2D short axis Base view (cm)	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
PATIENT	90	1.2	4.6	24.0	2.4	3.7	2.4
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
BODY WEIGHT DEPENDENT PARAMETERS				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>				10	1.50 (3.8)	3.27 (3.5)	2.06 (3.1)
				15	1.83 (2.0)	3.71 (2.4)	2.43 (2.1)
				20	2.02 (1.9)	4.14 (2.2)	2.80 (2.0)
				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
				40	2.62 (5.2)	5.48 (6.1)	3.96 (5.4)
				50	2.88 (7.1)	6.07 (8.3)	4.46 (7.4)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is severe valvular pulmonic stenosis. The degree of obstruction is severe based upon the velocity/pressure gradient across the pulmonic valve and the secondary hypertrophy and remodeling of the right ventricle. There is significant RA dilation and mild TR with mild tricuspid valve thickening (likely dysplasia). The risk for CHF in the future is likely elevated, and may likely limit lifespan; however, in a 7-year-old dog there is certainly some variability going forward. No other abnormalities were visualized.



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Referral for balloon valvuloplasty should be considered in this patient as the gold standard therapeutic option for this condition and may improve long term outcome and delay onset of clinical signs (including exertional syncope and right-sided congestive heart failure). Regardless, medical management with atenolol is recommended to decrease heart rate and lessen the obstruction as below. Monitor for development of associated clinical signs (collapse, abdominal distention, cough, labored breathing). Mild exercise restriction is advised.

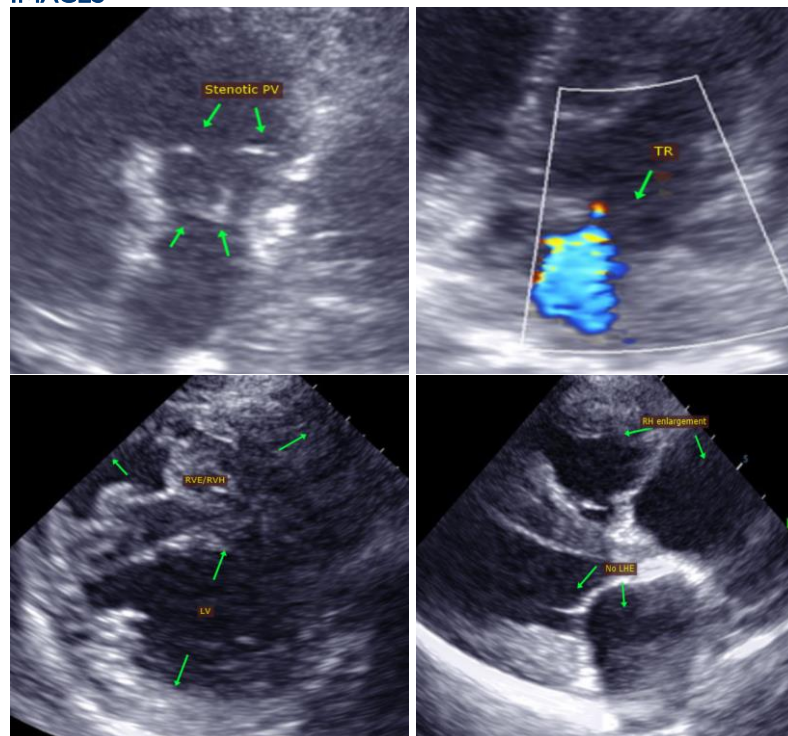
Anesthetic risk is mild to moderate at this time. Avoid heart rate stimulating drugs such as atropine or glycopyrrolate unless absolutely necessary. Avoid vasodilators such as acepromazine. Mild IV fluid restriction is advised. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction and recover in O2 if possible. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary.

PLAN

Institute atenolol to effect: 25mg tabs, ¼ tab PO BID to start (up-titrate to desired effect). Goal is to suppress heart rate <120-140bpm even with stress/activity. Baseline chest radiographs and ECG are recommended. Referral for balloon valvuloplasty ASAP if desired.

If surgery is declined, recommend recheck echocardiogram in 6 months to assess for progression, response to medication.

IMAGES





PATIENT

Sasha Amaya

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.

SPECIES

Canine

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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Pitbull

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

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