



PATIENT

Lilly Oberheim

SPECIES

Canine

BREED

Cavalier

SEX

Female Spayed

AGE

9 years

WEIGHT

23.4lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Current presentation: Lilly is doing well but is slowing down a bit and losing her hearing. Visit to the emergency clinic over the holidays after consuming some dark chocolate. Good appetite and energy level. Being treated for PLN. On auscultation: NSR, grade IV/VI murmur with PMI left apical area, PSS, lung fields clear. BP: 150mmHg x 5.

-Current medications: 1) Enalapril 5mg 1 tab twice a day 2) Plavix/clopidogrel 75mg 1/4 tab daily 3) Cosequin 4) Pimobendan/vetmedin 2.5mg 1 tab twice a day.

-Pertinent previous echo findings (7/21/21/MML): LA 3.2 cm; LA:Ao 1.8; LV 3.8 cm; moderate LAE; moderate MR; mld TR (3.4 m/s:47 mmHg); mild PAH.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is borderline increased with adequate 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 with an elevated 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 thickened with septal prolapse and 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 150bpm.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

22738

DATE

2/22/22

2-Dimensional Measurements

Ao diam (cm)	2.0
LA diam (cm)	3.3
LA:Ao (Swe)	1.6
IVS thickness (cm)	0.8
LVID diastole (cm)	3.8
PW thickness (cm)	0.9
LVID systole (cm)	1.9
FS (%)	48

Doppler Measurements

PV Vmax (m/s)	1.1
AoV Vmax (m/s)	1.6
MR Vmax (m/s)	6.3
TR Vmax (m/s)	3.4
TR PG (mmHg)	47

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with relative stability. Compared to the prior study, there is no significant progression. Moderate mitral and mild tricuspid regurgitation are unchanged without progressive left heart enlargement. Pulmonary pressures are stable, and no additional issues are identified.

Given these findings, continue Pimobendan as previously recommended. No additional medications are indicated at this time. Continued assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).



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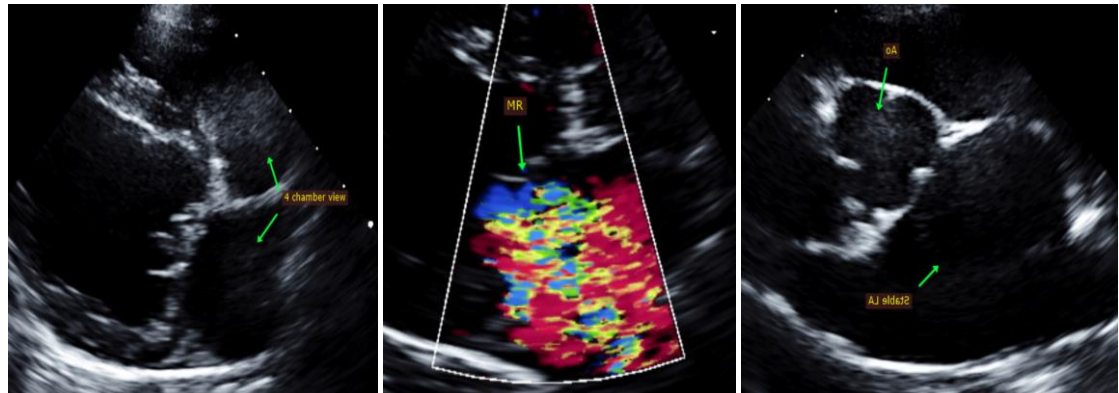
RECOMMENDATIONS

- 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.

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Echocardiogram performed by:

Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)