



**PATIENT**

Emme D'Andrea

**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

Female Spayed

**AGE**

10 years

**WEIGHT**

21lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDMS

**HOSPITAL NAME**

Compassionate Care  
Veterinary Clinic

**REFERRING VET**

Dr. Farrington

**INVOICE**

22376

**DATE**

2/5/22

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History chronic valvular disease - Stage B2. Emme doing well clinically.  
-Pertinent previous echo findings (7/26/21 MML): LA 2.3 cm; LA:Ao 1.5; LV 2.9 cm; mild LAE; mild-moderate MR; mild-moderate TR (2.7 m/s).  
-Current medications: Amlodipine 1.25mg BID; Pimobendan 2.5mg BID; Enalapril 5mg BID.

**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 mildly dilated.

**Mitral valve:** The anterior leaflet of the mitral valve is thickened with prolapse into the left atrial lumen. Mild to moderate mitral regurgitation is identified. Normal velocity.

**Aortic valve/Aorta:** The aortic valve is mildly thickened with normal mobility. Mildly elevated aortic outflow velocity; laminar flow. Mild 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 mildly thickened with mild to 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)	1.5
LA diam (cm)	2.3
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.84
LVID diastole (cm)	2.9
PW thickness (cm)	0.86
LVID systole (cm)	1.3
FS (%)	57

**Doppler Measurements**

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	2.0
MR Vmax (m/s)	5.5
TR Vmax (m/s)	2.7
TR PG (mmHg)	30

**INTERPRETATION OF THE FINDINGS**

Persistently stable valve disease is identified in this study. MR, TR and aortic insufficiency are largely unchanged with stable overall dimensions and function. No additional issues are identified.

Given these findings, no additional medications remain indicated. Continued lifelong monitoring of blood pressure is recommended. Prognosis remains open.

**RECOMMENDATIONS**

- Continue 3 medications as prescribed.
- Monitor BP every 3-4 months lifelong.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.



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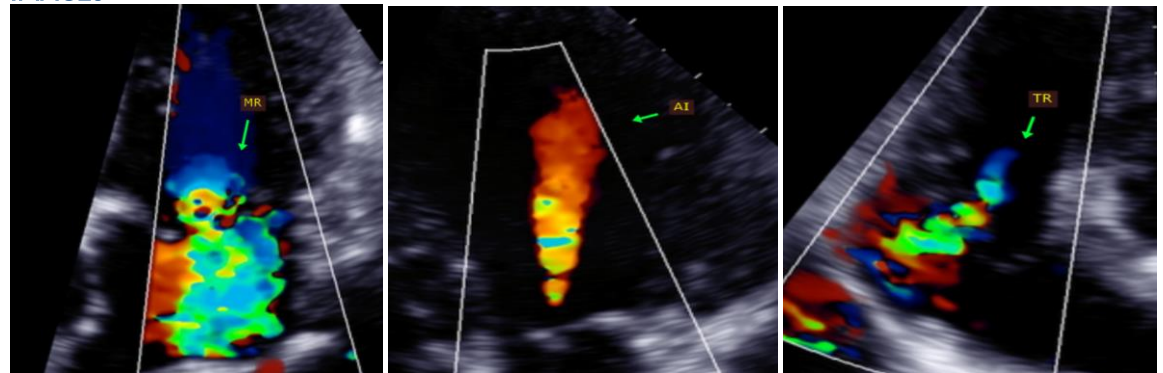
2/5/22

- 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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