



**PATIENT**

Benjamin James Lussier

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

Male Neutered

**AGE**

9 years

**WEIGHT**

16.8lbs

**INTERPRETED BY**

Maggie Machen Lamy, DVM DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Mass Veterinary Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

22449

**DATE**

2/8/22

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History chronic valvular disease - Stage late B2. Currently, Benjamin James is doing well. His activity level is normal. He has a good appetite with no C/S/V/D/PU/PD. On auscultation: NSR, grade IV/VI murmur with PMI left apical area mildly radiating to right, PSS, lung fields clear. BP: 100mmHg x 3.  
-Current medications: ) Pimobendan/vetmedin 7.5mg 1/3 tab twice a day 2) Snip tips 3) Enalapril 2.5mg 1.5 tabs twice a day \*No sedation for study.  
-Pertinent previous echo findings (8/2021 MML): Severe MR, mild TR: 2.1m/s. LA: 3.2, LV: 3.8.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and Doppler imaging is available.  
**Left ventricle:** The LV diameter is mildly increased with hyperdynamic myocardial function. LV wall thicknesses are normal.  
**Left atrium:** The left atrium is severely dilated.  
**Mitral valve:** The mitral valve is diffusely thickened with prolapse into the left atrial lumen. Severe eccentric mitral regurgitation; normal velocity.  
**Aortic valve/Aorta:** The aortic valve is normal. Normal aortic outflow velocity; laminar flow. No 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. Mildly elevated velocity consistent with early pulmonary hypertension.  
**Pulmonary valve/Pulmonary artery:** The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency.  
**Pericardium/other:** No pericardial or pleural effusion noted. No obvious cardiac masses.  
**Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 100bpm.

**2-Dimensional Measurements**

Ao diam (cm)	1.6
LA diam (cm)	3.0
LA:Ao (Swe)	1.9
IVS thickness (cm)	0.62
LVID diastole (cm)	3.8
PW thickness (cm)	0.63
LVID systole (cm)	1.8
FS (%)	48

**Doppler Measurements**

PV Vmax (m/s)	0.82
AoV Vmax (m/s)	1.6
MR Vmax (m/s)	5.8
TR Vmax (m/s)	3.0
TR PG (mmHg)	36

**INTERPRETATION OF THE FINDINGS**

Chronic degenerative valve disease persists with mitral and tricuspid regurgitation. Compared to prior, the left heart dimensions are unchanged with severe persistent MR. The TR is similar to previous as well; however, mild pulmonary hypertension has developed. This is likely secondary to LA pressure elevation. No additional issues are noted.

No additional medications are clearly indicated. The reported BP is low for a stressed patient in hospital and the Enalapril dose should be adjusted.

Prognosis remains guarded long-term (stage: late B2) with risk for development of CHF, malignant arrhythmias, and/or sudden death in the future.



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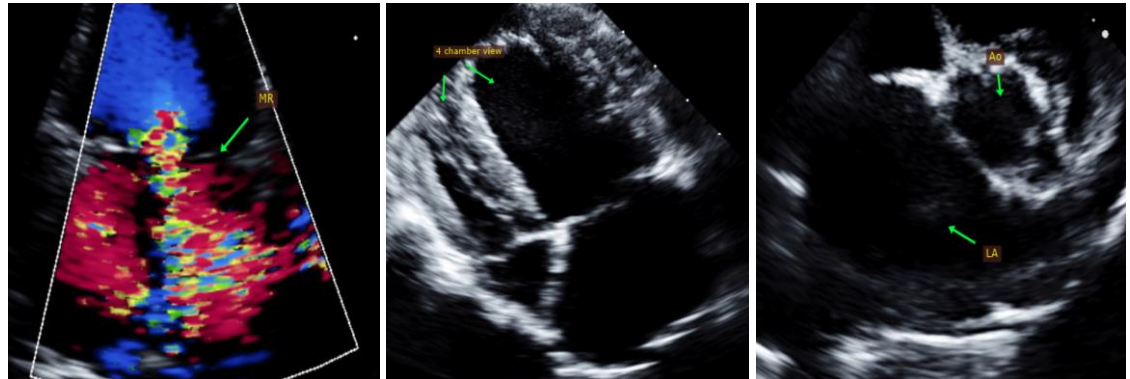
**RECOMMENDATIONS**

- Continue Pimobendan as prescribed.
- Decrease ACE-I to 2.5mg PO q12h.
- Elective anesthesia is not advised.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.
- Monitoring of sleeping breathing rates is advised as the best way to screen for progression to CHF in the future.

**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)