



PATIENT

Bella Vaicekaukas

SPECIES

Canine

BREED

Miniature Schnauzer

SEX

Female Spayed

AGE

12 years

WEIGHT

26.9lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

22461

DATE

2/9/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Current presentation: Bella was diagnosed with PLN earlier this month and had enalapril and an omega 3 FA added to her treatment plan. On auscultation: NSR, grade IV/VI murmur with PMI left apical area radiating to right with grade II/VI tricuspid murmur, PSS, lung fields clear. , no cough with tracheal palpation. BP: 130mmHg x 5.

-Current medications: 1) Cosequin 2) fish oil 3) Pimobendan/vetmedin 7.5mg 1/2 tab twice a day 4) Enalapril 5mg 1 tab twice a day *No sedation for study.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: Normal LV diameter with adequate myocardial function. LV wall thicknesses are normal.

Left atrium: The left atrium is moderately dilated.

Mitral valve: Diffuse thickening of mitral valve leaflets (anterior>posterior) with prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with a normal velocity.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Mildly elevated 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. 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 130bpm.

2-Dimensional Measurements

Ao diam (cm)	1.7
LA diam (cm)	2.8
LA:Ao (Swe)	1.7
IVS thickness (cm)	1.0
LVID diastole (cm)	3.6
PW thickness (cm)	1.0
LVID systole (cm)	1.8
FS (%)	50

Doppler Measurements

PV Vmax (m/s)	1.2
AoV Vmax (m/s)	2.2
MR Vmax (m/s)	5.5
TR Vmax (m/s)	2.5
TR PG (mmHg)	25

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with moderate mitral regurgitation. The left heart dimensions are stable with an improvement in LV dilation. The tricuspid regurgitation is slightly increased comparatively with a thickened valve; however, no pulmonary hypertension is identified. No obvious additional issues are seen.

Given these findings, no change to the medications is indicated.

Continued assessment of progression in the future will help predict long term outcome, however prognosis remains guarded at this stage (B2).



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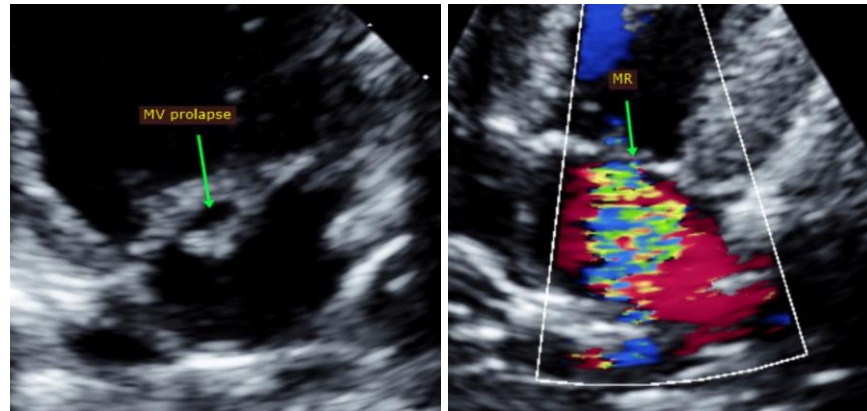
RECOMMENDATIONS

- Continue Pimobendan and ACE-I as prescribed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is considered moderately elevated. Cardiac protective drug choices (opiod/benzodiazepine premedication, Propofol or alfaxalone induction, iso or sevo gas) are recommended. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Judicious IV fluid rates are 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
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Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)