



PATIENT

Moose Gliha

SPECIES

Canine

BREED

Shih Tzu

SEX

Male Neutered

AGE

10 years

WEIGHT

14.1lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

29308

DATE

3/1/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease -Stage B1. Presently, Moose is doing well with only an occasional cough. Needs cystotomy for bladder stones. Eating well with normal activity. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 190-20mmHg. *Sedated with 3 ml propofol. -Pertinent previous echo findings (4/27/22 MML): LA 1.6 cm; LA:Ao 1.1; LV 2.3 cm; normal chamber sizes, mild MR; trace TR (2.8 m/s; 32 mmHg); mild pulmonary hypertension.

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 normal.

Mitral valve: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Mild eccentric mitral regurgitation. Normal velocity.

Aortic valve/Aorta: The aortic valve is mildly thickened with normal mobility. 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. Normal velocity.

Pulmonary 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 110bpm.

2-Dimensional Measurements

Ao diam (cm)	1.4
LA diam (cm)	1.7
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.6
LVID diastole (cm)	2.7
PW thickness (cm)	0.6
LVID systole (cm)	1.7
FS (%)	37

Doppler Measurements

PV Vmax (m/s)	0.4
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	5.2
TR Vmax (m/s)	2.4
TR PG (mmHg)	23

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with evidence of stability. Mild mitral and tricuspid regurgitation is unchanged with stable left and right heart dimensions. Previously noted pulmonary hypertension is not appreciated and no additional issues have developed.

Given these findings, no medications are warranted at this time.

Prognosis is highly variable at this stage; however, a lack of progression is certainly a good sign.



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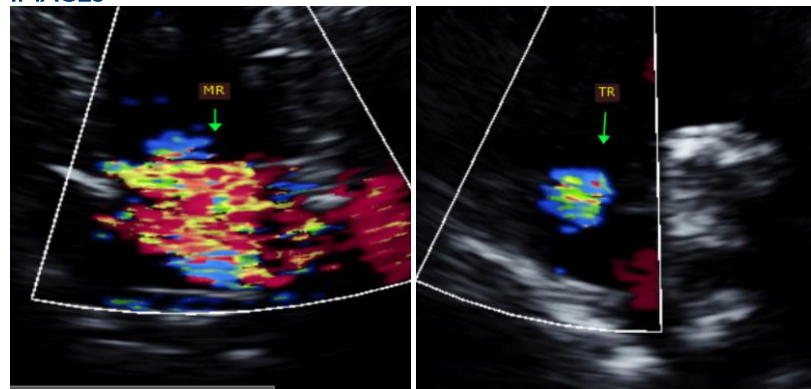
RECOMMENDATIONS

- No cardiac medications are clearly indicated.
- 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 progressive cough, labored breathing, exercise intolerance or collapse episodes.

PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 6-12 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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)