



PATIENT

Mason Angelovich

SPECIES

Canine

BREED

Cakapoo

SEX

Male Neutered

AGE

8 years

WEIGHT

29lbs

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Currently, doing well. Grade II-III/VI systolic murmur. BP: 170mmHg. Medications: Pimobendan 5mg, 3/4 tap BID. -Pertinent previous echo findings (8/6/21 MML): LA 3.1 cm; LA:Ao 1.6; LV 3.6 cm; moderate LAE; moderate MR; trace TR (2.3 m/s). *No sedation for study.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: Mild LV dilation with adequate function. LV wall thicknesses are normal.
Left atrium: The left atrium is mild to moderately dilated.
Mitral valve: The mitral valve is diffusely thickened with minimal 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. Normal aortic outflow velocity; laminar flow. Trace 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 normal with 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 120bpm.

INTERPRETED BY

Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.8
LA diam (cm)	2.7
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.8
LVID diastole (cm)	3.6
PW thickness (cm)	0.8
LVID systole (cm)	1.8
FS (%)	50

Doppler Measurements

PV Vmax (m/s)	1.0
AoV Vmax (m/s)	1.5
MR Vmax (m/s)	5.6
TR Vmax (m/s)	2.5
TR PG (mmHg)	25

IMAGING

PERFORMED BY

Jennifer Migner,
 RDCS

HOSPITAL NAME

Firehouse Veterinary
 Clinic

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with moderate mitral and trace tricuspid regurgitation. Compared to the prior study, the left heart is stable with an improved LA dimension. The TR is quantitatively increased comparatively; however, pulmonary pressures remain normal. No additional issues are identified.

REFERRING VET

Dr. Fleming

Given these findings, continue Pimobendan is recommended as below. Continued assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).

INVOICE

23086

RECOMMENDATIONS

- Continue Pimobendan as prescribed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

DATE

3/14/22



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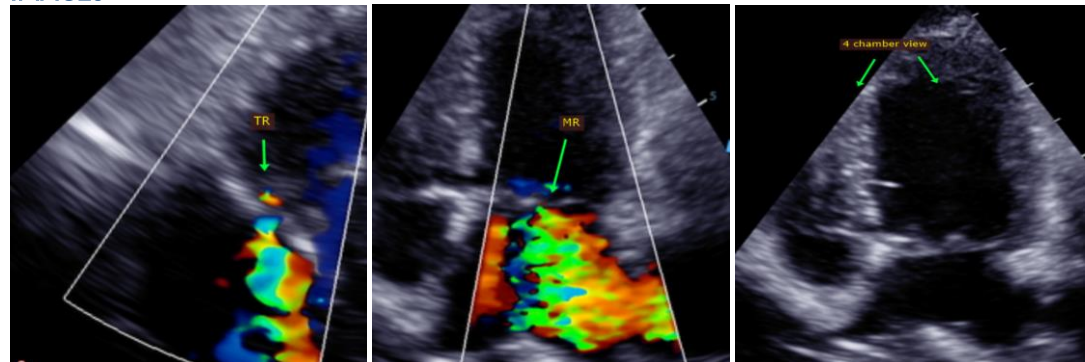
3/14/22

- 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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