



## PATIENT

Chopper Plumadore

## PRESENTING CLINICAL SIGNS

History: Grade 3/6 systolic murmur. Mild cardiomegaly on radiographs. On Enalapril 10mg BID.  
-Abnormal PE/Chem/CBC/UA Results: Mild-moderate anemia- 32%, ALP 339.

## SPECIES

Canine

## ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with no prolapse into the left atrial lumen. Trace to mild eccentric mitral regurgitation with minimal left atrial dilation. Normal LV diameter with adequate myocardial function. The LV wall dimensions are borderline increased (1.0cm). The tricuspid valve appears mildly thickened with mild tricuspid regurgitation. Normal TR velocity. Normal right atrial and ventricular diameter and morphology. The pulmonic valve is normal in morphology and mobility. Normal pulmonic velocities with laminar flow. No obvious pulmonic insufficiency. The aortic valve appears thickened, with a mildly elevated outflow velocity (doppler suspected to be an underestimation). Severe AI. No pericardial or pleural effusion noted. No obvious cardiac masses.

## BREED

Beagle Mix

## SEX

Male Neutered

## AGE

14 years

## CARDIAC CHART

## WEIGHT

32.6lbs

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	NM	2.4	2.4	1.2	50	82	0.37
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LA 2D short axis Base view (cm)	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
PATIENT	136	2.0		14.8	2.3	3.7	2.2
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
<b>BODY WEIGHT DEPENDENT PARAMETERS</b>				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>				10	1.50 (3.8)	3.27 (3.5)	2.06 (3.1)
				15	1.83 (2.0)	3.71 (2.4)	2.43 (2.1)
				20	2.02 (1.9)	4.14 (2.2)	2.80 (2.0)
				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
				40	2.62 (5.2)	5.48 (6.1)	3.96 (5.4)
				50	2.88 (7.1)	6.07 (8.3)	4.46 (7.4)

Adapted from June Boon, Veterinary Echocardiography, 1998  
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435  
Hansson et al, Vet Rad and Ultrasound 2002  
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995

## INTERPRETED BY

Maggie Machen  
Lamy, DVM, DACVIM  
(Cardiology)

## IMAGING PERFORMED BY

Sarah Pender, CVT

## HOSPITAL NAME

SVS Imaging QC

## REFERRING VET

Dr. Van Noy

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease causing trace to mild mitral and tricuspid regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. Surprising there is also at least mild aortic stenosis, which is typically a congenital condition present from birth. The stenosis itself is mild, although the degree of aortic insufficiency is much more concerning. A baseline blood pressure is recommended with serial monitoring going forward. No additional issues are noted in this study.

## INVOICE

23111

## DATE

3/15/22



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No medications are typically indicated with this degree of disease. That being said, with severe AI it is reasonable to continue the ACE-I lifelong, pending BP assessment. No additional medications are indicated. Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1). Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

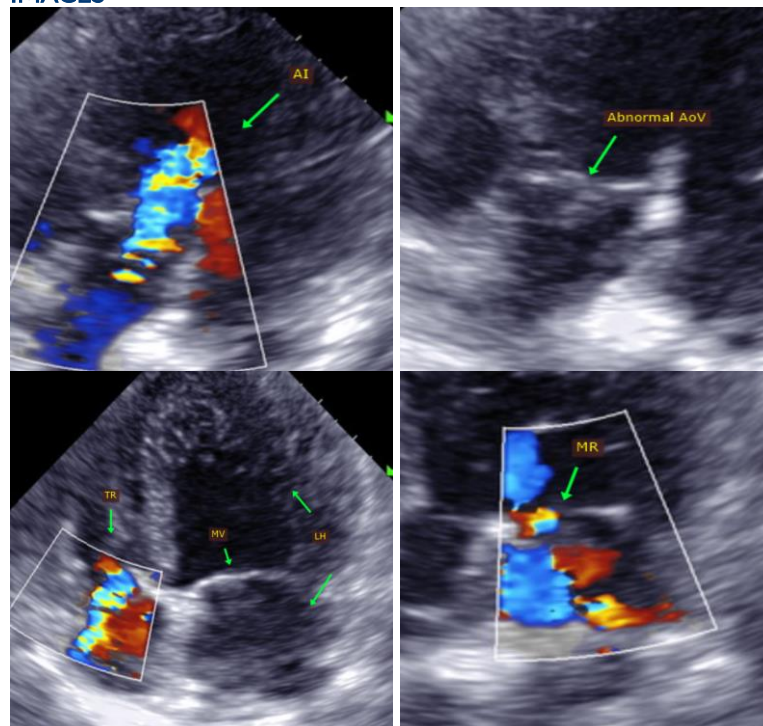
Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively 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.

**PLAN**

Continue ACE-I 0.5mg/kg PO q12h. Baseline BP recommended with monitoring every 6 months.

Recommend conservative monitoring with a recheck echocardiogram in 6-12 months, sooner if any development of clinical signs.

**IMAGES**





**PATIENT**

Chopper Plumadore

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.

**SPECIES**

Canine

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.

**BREED**

Beagle Mix

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