



PATIENT

Iris McDermott

SPECIES

Canine

BREED

Dachshund

SEX

Female Spayed

AGE

15 years

WEIGHT

10.6lbs

INTERPRETED BY

Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Urinary incontinence and potential gall bladder mucocele. Healthy previously other than osteoarthritis, dental disease and heart murmur (IV/VI). Two weeks earlier, showing signs of inappetence and jut general malaise. Flash AUS revealed gall bladder debris. Also, rechecking echo. History MV disease, B1. Current meds: 1) Incurin 1mg-1 tab PO QD, 2) Ursodiol 75mg- 1 tab PO QD, 3) Zeniquin 25mg-1/2 tab PO QD, 4) Clavamox 125mg-1/2 tab PO BID, 5) Cerenia 16mg as needed.

-Pertinent previous echo findings (4/1/22 MML) : LA 2.4 cm, LA:Ao 1.3, LV 2.4 cm, minimal LAE, mild MR, trivial TR. * Having bi-cavity ultrasound exams.

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 mildly dilated.

Mitral valve: The mitral valve is diffusely thickened with mild prolapse into the left atrial lumen. Moderate anterior-directed mitral regurgitation with a normal velocity.

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Trivial 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 trivial tricuspid regurgitation.

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 60bpm.

2-Dimensional Measurements

| | |
|--------------------|-----|
| Ao diam (cm) | 1.7 |
| LA diam (cm) | 2.6 |
| LA:Ao (Swe) | 1.4 |
| IVS thickness (cm) | 0.7 |
| LVID diastole (cm) | 2.8 |
| PW thickness (cm) | 0.7 |
| LVID systole (cm) | 1.3 |
| FS (%) | 54 |

Doppler Measurements

| | |
|----------------|-----|
| PV Vmax (m/s) | 0.5 |
| AoV Vmax (m/s) | 1.3 |
| MR Vmax (m/s) | 4.5 |
| TR Vmax (m/s) | NA |
| TR PG (mmHg) | NA |

IMAGING

PERFORMED BY

Pamela Harrigan,
 RDCS

HOSPITAL NAME

Wood River Animal
 Hospital

REFERRING VET

Dr. Fischer

INVOICE

29685

DATE

3/17/23

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with evidence of slight progression.

Previously mild MR is now moderate with a slight increase in left heart dimensions. That being said, the left heart remains within the mild category. A small aortic insufficiency is appreciated, and a baseline BP is recommended. No additional issues are identified.

Given these findings, no medications are indicated at this time. Prognosis remains highly variable at this stage (B1).



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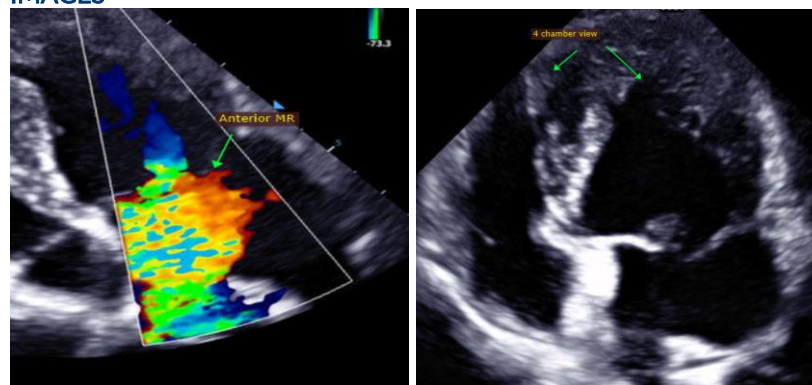
RECOMMENDATIONS

- 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. **Premedicating with a vagolytic is suggested due to a low resting heart rate.** 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.
- 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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 info@sonopath.com

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