



**PATIENT**

Daisy Mae Vorchhiemer

**SPECIES**

Canine

**BREED**

Shih Tzu Mix

**SEX**

Female Spayed

**AGE**

13 years

**WEIGHT**

18.5lbs

**INTERPRETED BY**

Maggie Machen Lamy, DVM DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Mass Veterinary Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

29732

**DATE**

3/21/23

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History chronic valvular disease - Stage B1. Presently, Daisy Mae has been doing well, although she does have some increased coughing noted. She has become finicky with her appetite. On exam: NSR, grade II/VI murmur with PMI left apical area, PSS, lung fields clear, no cough with tracheal pressure, mm pink, moist, CRT<2. BP: 220-230 mmHg. \*Sedated with propofol for study. -Pertinent previous echo findings (5/24/22 MML): LA 1.9 cm; LA:Ao 1.2, LV 2.1 cm; normal LA/LV sizes, trace MR, mild TR (2.0 m/s).

**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. Trace mitral regurgitation. **Aortic valve/aorta:** The aortic valve is normal in morphology and mobility. Normal 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 mildly thickened with mild 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 90bpm.

**2-Dimensional Measurements**

Ao diam (cm)	1.7
LA diam (cm)	1.8
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.7
LVID diastole (cm)	2.5
PW thickness (cm)	0.7
LVID systole (cm)	1.4
FS (%)	44

**Doppler Measurements**

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	0.93
MR Vmax (m/s)	NM
TR Vmax (m/s)	2.2
TR PG (mmHg)	20

**INTERPRETATION OF THE FINDINGS**

Chronic degenerative valve disease persists with continued stability. No increase in MR or TR is appreciated and the overall dimensions/function are stable.

Given these findings, no medications are indicated.

Continued assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).

The reported blood pressure remains markedly elevated. Reassessment and treatment is recommended as previously prescribed.



**PATIENT**

Daisy Mae  
Vorchhiemer

**SPECIES**

Canine

**BREED**

Shih Tzu Mix

**SEX**

Female Spayed

**AGE**

13 years

**WEIGHT**

18.5lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING  
PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary  
Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

29732

**DATE**

3/21/23

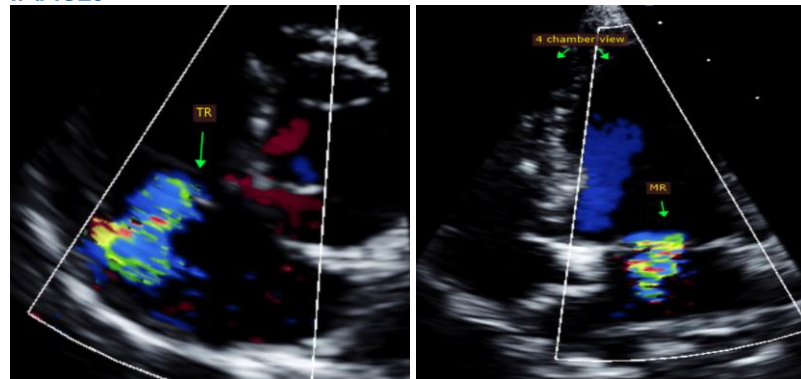
**RECOMMENDATIONS**

- Given these findings, no cardiac medications are clearly indicated.
- Reassess BP as discussed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- No cardiac contraindication for general anesthesia prior to chamber enlargement.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

**PLAN**

- Recommend conservative monitoring with a recheck echocardiogram in 1 year, 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)