



**PATIENT**

Bandit Monty

**SPECIES**

Canine

**BREED**

Miniature Pinscher

**SEX**

Male Neutered

**AGE**

12 years

**WEIGHT**

15.8lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Anchor Animal  
Hospital

**REFERRING VET**

Dr. Pietsch

**INVOICE**

29794

**DATE**

3/23/23

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History chronic valvular disease - B1. No clinical signs of heart disease. Grade II/VI systolic murmur. BP 170-180mmHg. At last echo (1/6/22) the BP was 190-200 mmHg. Recommendation for rechecking BP. Current medications: Pimobendan 1.25 mg AM and 2.5 mg PM. \* Sedated with Trazadone and Torbugesic.  
-Pertinent previous echo findings: LA 2.44 cm, LA:Ao 1.03, LV 1.88 cm, normal LA size, lid-moderate MR, mild TR (2.39 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. 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. Mild 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 to moderate tricuspid regurgitation. Velocity consistent with minimal pulmonary hypertension.  
**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 80bpm.

**2-Dimensional Measurements**

Ao diam (cm)	1.5
LA diam (cm)	1.5
LA:Ao (Swe)	1.0
IVS thickness (cm)	0.7
LVID diastole (cm)	2.2
PW thickness (cm)	0.8
LVID systole (cm)	1.4
FS (%)	36

**Doppler Measurements**

PV Vmax (m/s)	1.1
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	5.8
TR Vmax (m/s)	2.9
TR PG (mmHg)	32

**INTERPRETATION OF THE FINDINGS**

Chronic degenerative valve disease causing moderate mitral and mild to moderate tricuspid regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. The TR velocity is borderline elevated, which should be monitored going forward. Finally, an aortic insufficiency is appreciated, and the reported blood is elevated. Reassess as below. No additional issues are identified.

Given these findings no medications are indicated. The prior study also notes a normal left atrial dimension and **Pimobendan can be safely discontinued**. Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).

The reported blood pressure is elevated and should be reassessed for persistence. Particularly in light of aortic insufficiency. If persistently >180mmHg despite a relatively



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calm demeanor, vasodilator therapy may be warranted. Additionally, in this instance screening for underlying causes, such as PLN is also recommended.

**SPECIES**

Canine

**RECOMMENDATIONS**

- Discontinue Pimobendan.
- Reassess BP and treat if 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 cough, labored breathing, exercise intolerance or collapse episodes.

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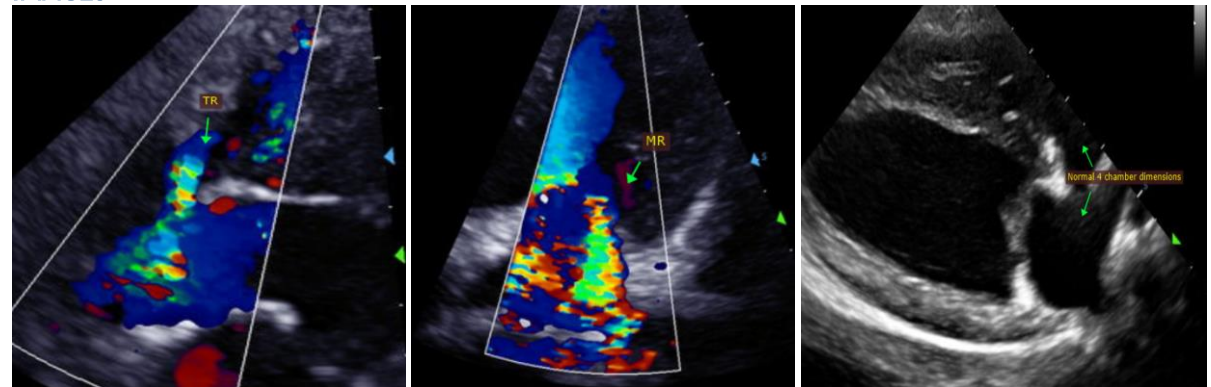
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**PLAN**

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

**IMAGES**



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**REFERRING VET**

Dr. Pietsch

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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29794

**DATE**

3/23/23

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 info@sonopath.com

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