



PATIENT

Lily Shea

SPECIES

Canine

BREED

Cockapoo

SEX

Female Spayed

AGE

14 years

WEIGHT

12.6lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Recheck echo. History of early chronic valvular disease - Stage B1. Lily needs a dental proph. Presently eating well with normal activity for her age. She does have episodes where she becomes somewhat shaking primarily in the head area. Occasional cough (previously diagnosed with bronchitis). On exam: NSR, grade II/VI murmur with PMI left apical area, PSS, lung fields clear, coughs with tracheal pressure, mm pink, moist, CRT<2. BP: 110mmHg x 5. Current medications: 1) Prednisone 5mg 1/4 tab twice a day 2) Lasix/furosemide 12.5mg 1/2-tab Tuesday, Thursday and one day over the weekend 3) Theophylline 150mg/ml 0.5mls twice a day 4) Hydrocodone with homatropine/hycodan 5mg 1/2 tab daily *Sedated with propofol for study. -Pertinent previous echo findings (1/11/2020 Rebecca Malakoff, DVM, DACVIM-C): LA 1.74 cm; LA:Ao 1.13; LV 2.37 cm; normal LA/LV size, mildly thickened MV with no MR.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available. **Left ventricle:** The LV diameter is decreased with adequate myocardial function. LV wall thicknesses are mildly increased. **Left atrium:** The left atrium is normal to small. **Mitral valve:** The mitral valve is mildly thickened with no prolapse into the left atrial lumen. No 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 normal with no 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 160bpm.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

29890

DATE

3/28/23

2-Dimensional Measurements

Ao diam (cm)	1.5
LA diam (cm)	1.6
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.8
LVID diastole (cm)	1.7
PW thickness (cm)	0.8
LVID systole (cm)	1.1
FS (%)	35

Doppler Measurements

PV Vmax (m/s)	0.53
AoV Vmax (m/s)	0.8
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Overtly normal cardiac structure and function with no cause of the murmur identified in this study. In the absence of significant volume changes (dehydration or anemia), other possibilities include a physiologic flow murmur only present with elevated heart rates (suspected based upon resolution with sedation), or a small flow abnormality not seen here. It is reasonable to monitor periodically via recheck echocardiography in the future, particularly should the murmur persist/progress. Mild mitral thickening is appreciated, although without a significant leak this is considered subclinical and may simply be age



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related (i.e., rather than be reflective of true progressive disease). No significant valvular insufficiencies were noted, and no structural issues identified. The left heart does have a **volume depleted appearance**, likely due to diuretic therapy in the absence of volume overload.

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Prognosis is open.

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No cardiac cause of the cough is suspected, and **Lasix can and should be discontinued**. Consider airway diagnostics, including TTW/BAL and/or empiric therapy with an antibiotic, hydrocodone, etc.

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- RECOMMENDATIONS**
- No cardiac medications are clearly indicated.
 - Lasix should be discontinued.
 - Consider further evaluation/treatment of cough as discussed.
 - Baseline lab work is recommended once Lasix is not being administered.
 - No cardiac contraindication for general anesthesia.
 - Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

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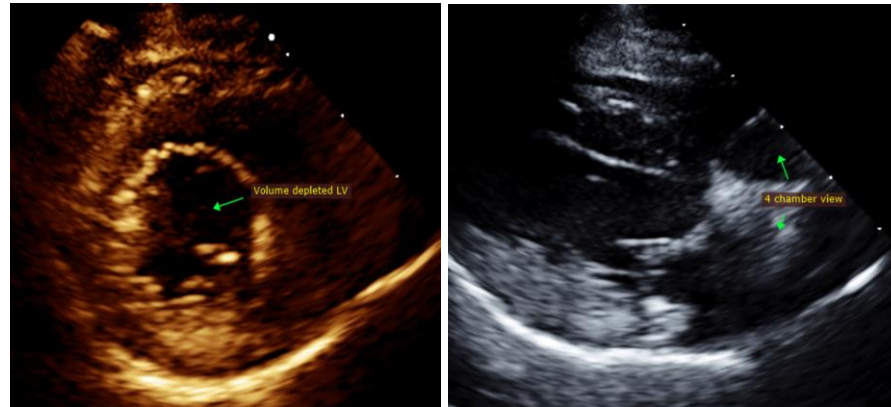
12.6lbs

- PLAN**
- Recommend conservative monitoring with a recheck echocardiogram in 1 year to screen for development of disease the preexisting murmur may mask, sooner if any development of clinical signs or the murmur progresses significantly in the interim.

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Lamy, DVM
DACVIM (Cardiology)

IMAGES



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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.

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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

Cockapoo

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
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SEX

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Echocardiogram performed by:

Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)

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