



PATIENT

Otis Neill

SPECIES

Canine

BREED

Boston Terrier

SEX

Male Neutered

AGE

14 years

WEIGHT

23lbs

INTERPRETED BY

Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease-Stage B1. Presently, has had multiple episodes of collapse/suspect syncope. Typically happens when Otis wakes up and gets up too quickly. History Cushing's disease. Has been diagnosed with hypertension. Otherwise, doing well. BP: 135 mmHg Current meds: 1)Vetoryl 10mg 2 po q24 hours, 2) Amlodipine 2.5mg 1/2 tab po q24 hours, 3) Sertraline 25mg 1/2 tab q12 hours, 4) Gabapentin 50mg 1 po q12-24 hours.

-Pertinent previous echo findings (8/12/22 MML): LA 1.9 cm, LA:Ao 1.14, LV 2.6 cm, normal LA size, mild MR, moderate TR (2.8 m/s; 32 mmHg), early pulmonary hypertension.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: Decreased LV dimension with increased wall thickness. Adequate myocardial function.

Left atrium: The left atrium is normal.

Mitral valve: The mitral valve is mildly thickened with mild prolapse into the left atrial lumen. Mild 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 thickened with mild septal prolapse and moderate 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 80bpm.

2-Dimensional Measurements

Ao diam (cm)	1.8
LA diam (cm)	1.9
LA:Ao (Swe)	1.0
IVS thickness (cm)	1.1
LVID diastole (cm)	2.4
PW thickness (cm)	1.1
LVID systole (cm)	1.2
FS (%)	48

Doppler Measurements

PV Vmax (m/s)	0.5
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	5.4
TR Vmax (m/s)	2.7
TR PG (mmHg)	29

IMAGING

PERFORMED BY

Pamela Harrigan,
 RDCS

HOSPITAL NAME

Wood River Animal
 Hospital

REFERRING VET

Dr. Schuelke

INVOICE

29371

DATE

3/3/23

INTERPRETATION OF THE FINDINGS

Compared to the prior study, findings appear similar. The left heart appears mildly volume underloaded; however, assuming lab work was assessed this is likely a normal variant. No LA or LV dilation are noted and both the mitral and tricuspid leaks appear stable. The pulmonary pressures are actually normal on this exam and the aortic insufficiency remains mild. No additional issues are identified.

These findings would suggest a noncardiac cause for reported collapse episodes. Given the situational component, transient hypotension is most likely, and avoidance may be



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key. The reported blood pressure is normal on the current medications and should be continued as such.

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

RECOMMENDATIONS

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- No cardiac medications are clearly indicated.
- Continue vasodilator therapy as prescribed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

SEX

Male Neutered

- 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.

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- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

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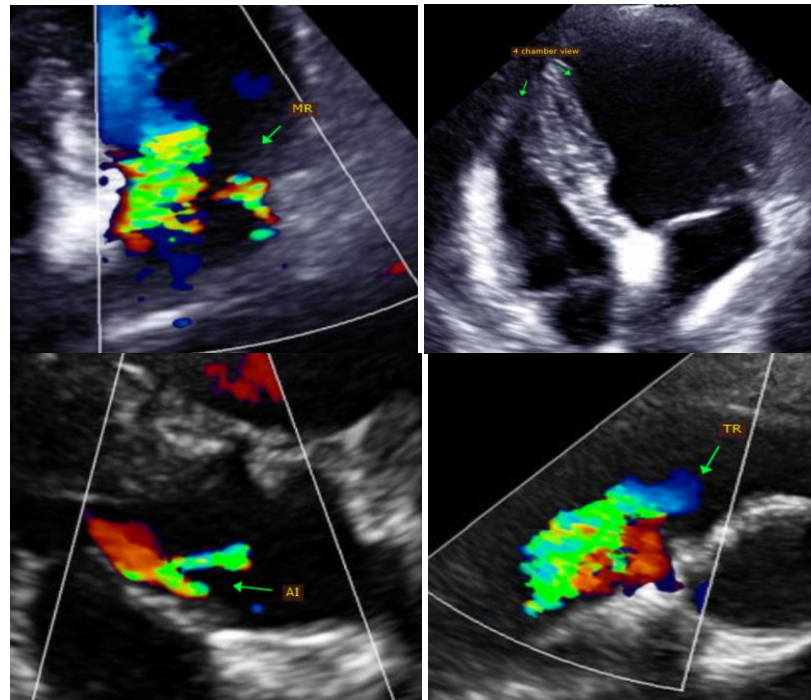
PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 6-9 months, sooner if any development of clinical signs.

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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

Boston Terrier

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

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