



PATIENT

Cyka Higson

PRESENTING CLINICAL SIGNS

History: Grade IV/VI right and left-sided murmur. PE otherwise WNL. No clinical signs. BP: 130mmHg x 2.

SPECIES

Canine

ECHOCARDIOGRAM FINDINGS

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

BREED

Samoyed

Left ventricle: The LV diameter is normal with mildly depressed myocardial function. LV wall thicknesses are normal. Septal flattening in systole.

Left atrium: The left atrium is normal.

Mitral valve: The mitral valve appears normal with no prolapse. No mitral regurgitation.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

SEX

Female Intact

Right ventricle: The RV is dilated with significant hypertrophy.

Right atrium: Mild to moderate RA dilation.

Tricuspid valve: The tricuspid valve appears mildly thickened. No obvious stenosis. Trivial tricuspid regurgitation.

AGE

10 months

Pulmonic valve/Pulmonary artery: Pulmonic outflow velocities are elevated at the level of the valve. Max PG: 80mmHg. The pulmonic valve appears thickened and tethered. Mild pulmonic insufficiency.

WEIGHT

47lbs

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 100bpm.

2-Dimensional Measurements

Doppler Measurements

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

Ao diam (cm)	1.6
LA diam (cm)	2.2
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.9
LVID diastole (cm)	3.3
PW thickness (cm)	0.9
LVID systole (cm)	2.5
FS (%)	26

PV Vmax (m/s)	4.5
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	NA
TR Vmax (m/s)	3.5
TR PG (mmHg)	50

IMAGING

PERFORMED BY

Jennifer Migner,
RDCS

INTERPRETATION OF THE FINDINGS

The cause of the murmur is valvular pulmonic stenosis. The degree of obstruction is severe based upon the velocity/pressure gradient across the pulmonic valve and the secondary hypertrophy and remodeling of the right ventricle. Trivial TR is likely of little clinical significance. No other congenital abnormalities were visualized

HOSPITAL NAME

Wood River Animal
Hospital

Referral for consultation and possible balloon valvuloplasty should be considered in this patient as the gold standard therapeutic option for this condition and may improve long term outcome and delay onset of clinical signs (including exertional syncope and right-sided congestive heart failure). If surgery is not elected, the patient's condition may limit lifespan, with some PS cases developing CHF by mid-life and others living symptom free. Monitoring for progression as this dog ages is also advised as many cases will worsen in the next 6 months.

REFERRING VET

Dr. Fischer

INVOICE

22936

DATE

3/4/22

Medical management with atenolol is recommended to decrease heart rate and lessen the obstruction as below. That being said, it is notable that the patient's rate is quite low in hospital, and this should be reassessed prior to instituting a Beta blocker, assuming the patient was not sedated.



PATIENT
 Cyka Higson

The BP is markedly elevated and is suspected to be stress related. Follow up is advised.

Breeding is not advised.

SPECIES
 Canine

RECOMMENDATIONS

- Referral for balloon valvuloplasty ASAP if desired.
- If resting heart rate is >130bpm, institute atenolol to effect: 25mg tabs, ½ tab PO SID to start. Goal is to suppress heart rate <120-140bpm even with stress/activity.
- If resting heart rate is <130bpm do not utilize atenolol at this time.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is considered moderately elevated 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 labored breathing, progressive cough, exertional collapse episodes, abdominal distention or exercise intolerance in the future.
- Lifelong activity restriction is advised while maintaining QOL.

BREED
 Samoyed

SEX
 Female Intact

AGE
 10 months

WEIGHT
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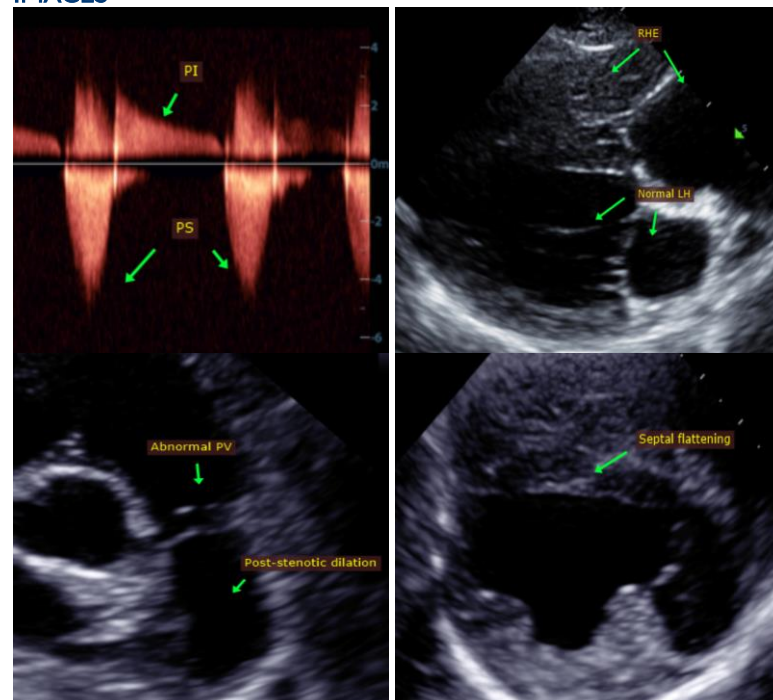
PLAN

- If referral is declined, recommend recheck echocardiogram in 6 months to screen for progression, sooner if any development of clinical signs.

INTERPRETED BY

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 Lamy, DVM
 DACVIM (Cardiology)

IMAGES



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Jennifer Migner,
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HOSPITAL NAME

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 Hospital

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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.

SPECIES

Canine

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

Samoyed

Maggie Machen Lamy, DVM
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info@sonopath.com

SEX

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