



PATIENT

Drake Keser

SPECIES

Canine

BREED

Afghan Hound

SEX

Male Neutered

AGE

11 years

WEIGHT

53lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

22969

DATE

3/8/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B1, isolated VPCs. Current presentation: Drake continues to constantly cough. Good appetite and activity level. No labored breathing or collapse episodes. On auscultation: NSR grade IV-V/VI murmur with PMI left apical area radiating to right with grade II/VI murmur noted on right, PSS, lung fields clear. BP: 270mmHg x 3; 280mmHg x 2. Plan: dispense enalapril 10mg 1 tab twice a day. *No sedation for study.
-Pertinent previous echo findings (8/25/21 MML): LA 2.9 cm; LA:Ao 1.1; LV 3.86 cm; normal LA size; mild MR; trace TR.

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. Mild eccentric mitral regurgitation.

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Mild aortic insufficiency. The ascending aorta appears dilated.

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 trace 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 90bpm. No VPCs seen.

2-Dimensional Measurements

Ao diam (cm)	2.7
LA diam (cm)	3.3
LA:Ao (Swe)	1.2
IVS thickness (cm)	1.2
LVID diastole (cm)	4.1
PW thickness (cm)	1.0
LVID systole (cm)	2.3
FS (%)	44

Doppler Measurements

PV Vmax (m/s)	0.84
AoV Vmax (m/s)	1.7
MR Vmax (m/s)	NM
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Largely stable disease is identified in this study. The left heart dimensions are slightly increased comparatively; however, the degree of MR remains mild. The aortic leak is slightly increased, which in light of aortic dilation supports reported hypertension. No additional issues are identified.

Given these findings, treatment for SHT is certainly warranted with follow up as dictated by Internal Medicine.

The brief ECG does not show any persistent ventricular arrhythmias, which is encouraging. Additionally, a cough is reported which is noncardiac in origin. Consider baseline chest radiographs with treatment if indicated.



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Continued assessment of progression in the future will help predict long term prognosis, which remains highly variable at this stage (B1). Serial echoes have showed stable disease which certainly reflects slow progression thus far.

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Canine

RECOMMENDATIONS

- No cardiac medications are clearly indicated.
- Initiate an ACE-I and follow up on SHT as dictated by IM.
- Fish oil supplementation is recommended for dogs with arrhythmias (1000mg of omega 3 and 6 once to twice daily).
- Monitor at home for collapse, exercise intolerance, and/or lethargy.
- 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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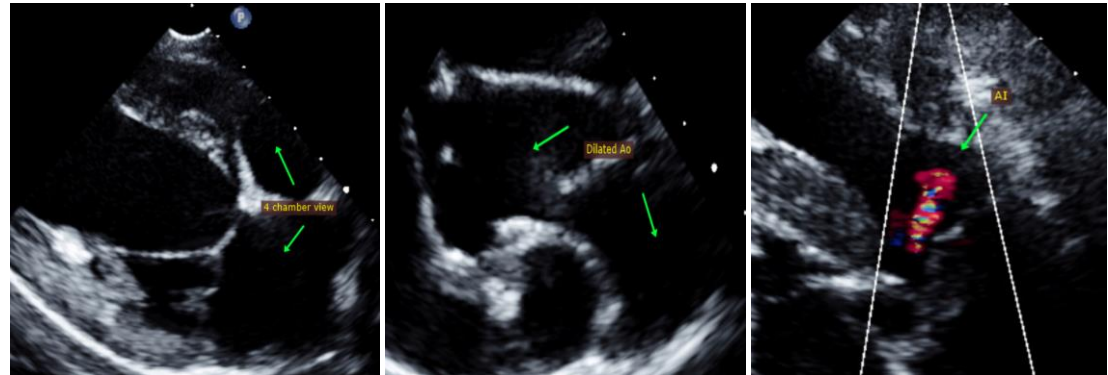
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

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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.

REFERRING VET

Dr. Masloski

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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Echocardiogram performed by:

Pamela Harrigan, RDCS

Pet Animal Ultrasound Service (4paus.com)