



**PATIENT**

Maize Basich

**SPECIES**

Canine

**BREED**

American Staffordshire Terrier

**SEX**

Female Spayed

**AGE**

7 years

**WEIGHT**

65.4lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

23627

**DATE**

4/13/22

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History mild mitral regurgitation noted on prior echocardiogram August 17, 2021 (LA 2.79 cm; LA:Ao 1.2; LV 4.77 cm; normal LA size. Currently Maize is doing well at home but seems to tire easily after exercise. Good appetite (was on a grain free diet until 6 months ago). She is presently on taurine supplementation 500mg daily. On exam today: NSR, grade III/VI murmur with PMI left apical area, PSS, lung fields clear. BP not obtained. Medications: 1) Taurine 500mg daily 2) Benadryl prn for allergies \*Sedated with propofol for study.

**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 with a normal velocity.

**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 trace 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 100bpm.

**2-Dimensional Measurements**

Ao diam (cm)	2.1
LA diam (cm)	2.5
LA:Ao (Swe)	1.2
IVS thickness (cm)	1.3
LVID diastole (cm)	4.0
PW thickness (cm)	1.2
LVID systole (cm)	2.8
FS (%)	30

**Doppler Measurements**

PV Vmax (m/s)	0.64
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	5.3
TR Vmax (m/s)	1.7
TR PG (mmHg)	12

**INTERPRETATION OF THE FINDINGS**

Chronic degenerative valve disease causing mild mitral and trace tricuspid regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. Compared to what is available from the prior study, these findings are similar without evidence of progression. No additional issues are identified, and the systolic function appears adequate.

Given these findings, no medications are indicated. Unless systolic function was noted on the prior study, Taurine can be safely discontinued.



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

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**RECOMMENDATIONS**

- No cardiac medications are clearly indicated.
- Consider continue versus discontinue Taurine as discussed.
- 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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**PLAN**

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

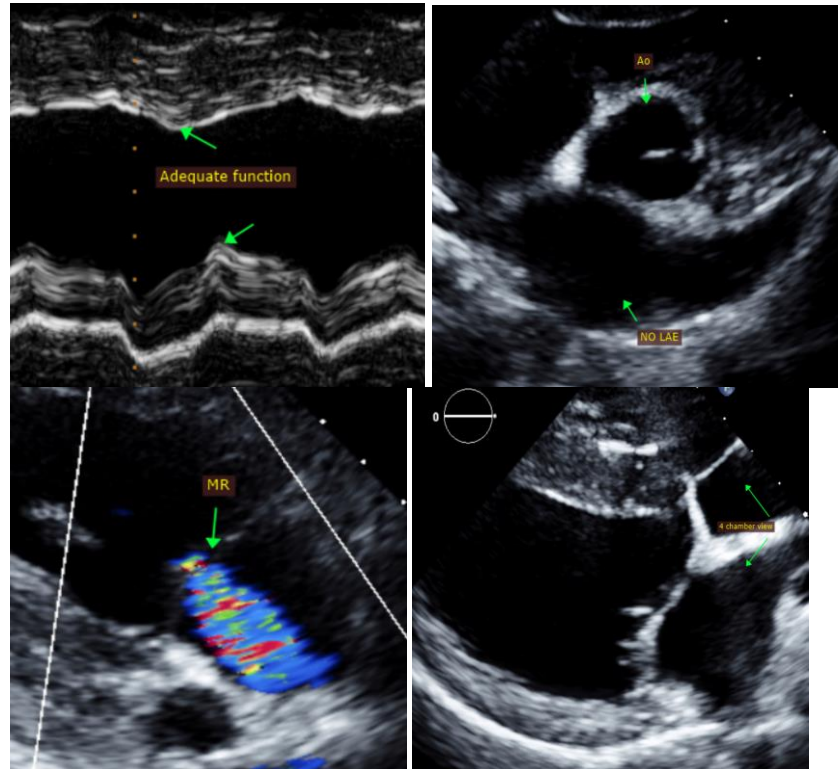
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The information and recommendations provided are based on the images presented by the



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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.

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Terrier

Maggie Machen Lamy, DVM

Diplomate of the American College of Veterinary Internal Medicine (Cardiology)

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**Echocardiogram performed by:**

Pamela Harrigan, RDCS

Pet Animal Ultrasound Service (4paus.com)

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