



PATIENT

Teddy Carroca

SPECIES

Canine

BREED

Lhasa Apso

SEX

Male Neutered

AGE

8 years

WEIGHT

9.4lbs

PRESENTING CLINICAL SIGNS

History: Grade I/VI cardiac murmur noted in December 2021. No cardiac clinical signs. ProBNP 1306. BP: 206, 220, 212mmHg (calm demeanor). *Sedated with gabapentin/trazadone.

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 mildly dilated.

Mitral valve: The mitral valve is mildly thickened with mild prolapse into the left atrial lumen. Mild to moderate 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 mild 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 160bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDMS

2-Dimensional Measurements

Ao diam (cm)	1.2
LA diam (cm)	1.67
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.6
LVID diastole (cm)	1.7
PW thickness (cm)	0.6
LVID systole (cm)	0.9
FS (%)	49

Doppler Measurements

PV Vmax (m/s)	0.71
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	5.2
TR Vmax (m/s)	2.4
TR PG (mmHg)	23

INTERPRETATION OF THE FINDINGS

The cause of the murmur is chronic degenerative valve disease causing mild to moderate mitral and mild tricuspid regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. No concurrent issues such as systolic dysfunction or pulmonary hypertension are noted in this study. Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).

HOSPITAL NAME

Anchor Animal
Hospital

REFERRING VET

Dr. Yeung

INVOICE

23654

DATE

4/14/22

The reported blood pressure is elevated, and should be reassessed for accuracy/persistence particularly given no reported clinical signs of severe hypertension (retinal changes, etc) or evidence of LVH on echo. Ideally obtain serial measurements in a controlled, low stress environment and continue until 3 consecutive readings plateau within 5mmHg of variability. If persistently >180mmHg despite a relatively calm demeanor, recommend institution of amlodipine to effect. Additionally if deemed accurate, screening for predisposing underlying causes of SHT is recommended (Cushings,



PATIENT

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PLN, adrenal tumor, etc), as primary disease is relatively uncommon and a rule out diagnosis.

RECOMMENDATIONS

SPECIES

Canine

- In a dog without significant left atrial enlargement, no cardiac medications are clearly indicated.

BREED

Lhasa Apso

- 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.

AGE

8 years

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

PLAN

WEIGHT

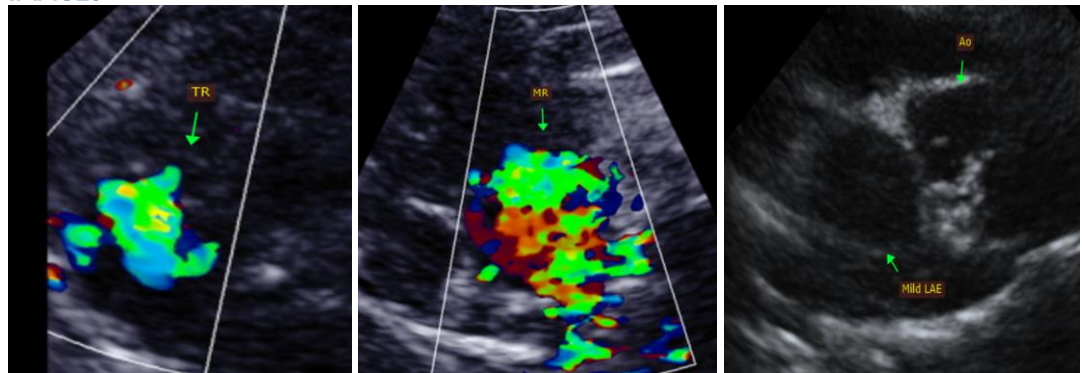
9.4lbs

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

IMAGES

INTERPRETED BY

Maggie Machen Lamy, DVM
 DACVIM (Cardiology)



IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Anchor Animal Hospital

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. Yeung

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.

INVOICE

23654

Maggie Machen Lamy, DVM
 Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
 info@sonopath.com

DATE

4/14/22