



**PATIENT**

Oscar Garcia

**SPECIES**

Canine

**BREED**

Schnauzer

**SEX**

Male Neutered

**AGE**

10 years

**WEIGHT**

21lbs

**PRESENTING CLINICAL SIGNS**

History: Grade III/VI systolic murmur noted on routine annual exam. No cardiac clinical signs. Echo prior to anesthesia for eyelid mass removal and dental prophylaxis. BP: 150mmHg x 4.

**ECHOCARDIOGRAM FINDINGS**

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

**Left ventricle:** The LV diameter is normal with borderline myocardial function. LV wall thicknesses are normal.

**Left atrium:** The left atrium is mildly dilated.

**Mitral valve:** The mitral valve is diffusely thickened with minimal 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 mildly thickened 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 90bpm.

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**2-Dimensional Measurements**

Ao diam (cm)	1.5
LA diam (cm)	2.2
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.8
LVID diastole (cm)	2.8
PW thickness (cm)	0.9
LVID systole (cm)	2.0
FS (%)	28

**Doppler Measurements**

PV Vmax (m/s)	0.65
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	5.6
TR Vmax (m/s)	2.7
TR PG (mmHg)	30

**IMAGING**

**PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Wood River Animal  
Hospital

**REFERRING VET**

Dr. Fischer

**INTERPRETATION OF THE FINDINGS**

The cause of the murmur is chronic degenerative valve disease causing mild mitral and tricuspid regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. The systolic function is borderline which should be monitored going forward. Avoid non-traditional diets in this patient lifelong. No additional 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).

**RECOMMENDATIONS**

- In a dog without significant left atrial enlargement, no cardiac medications are clearly indicated.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is considered mild if needed. Due to low resting heart rate, premedicating with atropine is recommended, and ensure normal response before

**INVOICE**

23695

**DATE**

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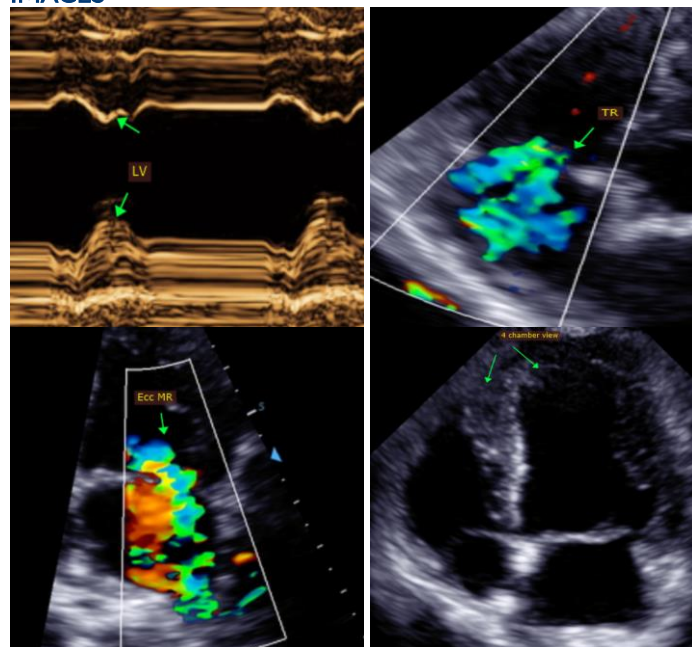
proceeding. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload.

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

**PLAN**

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

**IMAGES**



**HOSPITAL NAME**

Wood River 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. Fischer

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**

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**Maggie Machen Lamy, DVM**  
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 info@sonopath.com

**DATE**

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