



PATIENT

Khloe Uribe

SPECIES

Canine

BREED

Shih Tzu

SEX

Female Spayed

AGE

2 years

WEIGHT

13.6lbs

PRESENTING CLINICAL SIGNS

History: Khloe is referred to evaluate a heart murmur. Chest films taken in February revealed cardiomegaly. Occasional cough noted. Eating well and remains active. On exam: NSR, grade II/VI murmur with PMI left apical area, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 150mmHg x 4. Currently, no medications. *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 leaflets are mildly thickened with abnormal closure. Mild 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 trivial 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)

2-Dimensional Measurements

Ao diam (cm)	1.7
LA diam (cm)	1.8
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.6
LVID diastole (cm)	2.8
PW thickness (cm)	0.6
LVID systole (cm)	2.0
FS (%)	29

Doppler Measurements

PV Vmax (m/s)	0.5
AoV Vmax (m/s)	0.8
MR Vmax (m/s)	5.4
TR Vmax (m/s)	2.0
TR PG (mmHg)	16

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INTERPRETATION OF THE FINDINGS

The differentiation between mitral valve dysplasia and chronic degenerative valve disease could be argued in this case. Lack of a lifelong murmur and concurrent tricuspid regurgitation would suggest age-related disease, although the appearance of the valve supports dysplasia. The differentiation is purely academic going forward. Regardless, what is seen here is mild without left atrial enlargement and the remainder of the structure and function is normal.

Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1). Of great concern in this case is the early onset of disease with high risk for progression going forward.

INVOICE

30295

DATE

4/18/23



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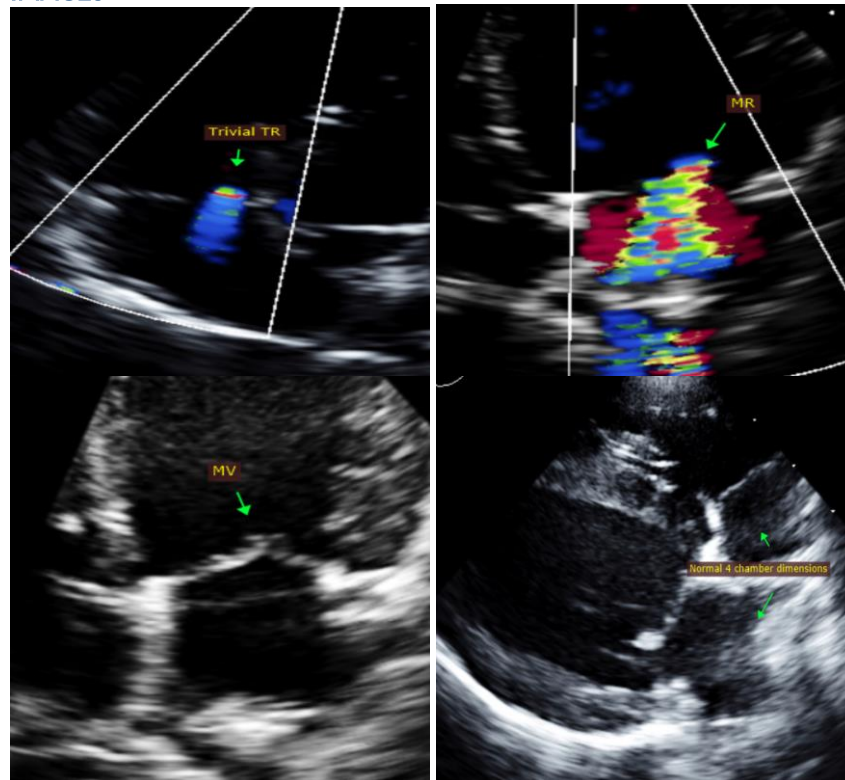
RECOMMENDATIONS

- 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. 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.

PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 6-12 months, sooner if any development of clinical signs.

IMAGES





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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.

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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.

BREED

Shih Tzu

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

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Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)

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