



**PATIENT**

Lilly Oberheim

**SPECIES**

Canine

**BREED**

Cavalier

**SEX**

Female Spayed

**AGE**

10 years

**WEIGHT**

27lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History chronic valvular disease - Stage B2. Presently, Lilly did have some increased respiratory effort last week when it very hot. She is better this week with the cooler weather. She has had some tremors in her hind limbs recently. She is eating well with normal exercise level. On exam: NSR, grade IV/VI murmur with PMI left apical area, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 180-190mmHg. Current medications: 1) Enalapril 5mg 1.5 tabs twice a day 2) Plavix/clopidogrel 75mg 1/4 tab daily---not giving 3) Cosequin 4) Pimobendan/vetmedin 2.5mg 1 tab twice a day \*No sedation for study.  
-Pertinent previous echo findings (2/22/22 MML): LA 3.3 cm; LA:Ao 1.6; LV 3.8 cm; moderate LAE, moderate MR, mild TR (3.4 m/s; 47 mmHg), mild pulmonary hypertension

**ECHOCARDIOGRAM FINDINGS**

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

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

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

**Mitral valve:** The mitral valve is diffusely thickened with minimal prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with an elevated 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 thickened with septal prolapse and mild tricuspid regurgitation. Velocity consistent with mild pulmonary hypertension.

**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.

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

30302

**DATE**

4/18/23

**2-Dimensional Measurements**

Ao diam (cm)	2.1
LA diam (cm)	3.2
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.8
LVID diastole (cm)	3.8
PW thickness (cm)	0.8
LVID systole (cm)	1.5
FS (%)	60

**Doppler Measurements**

PV Vmax (m/s)	1.3
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	6.2
TR Vmax (m/s)	3.4
TR PG (mmHg)	47

**INTERPRETATION OF THE FINDINGS**

Compared to the prior study, findings are similar. Moderate mitral and mild tricuspid regurgitation are unchanged with stable left and right heart dimensions. Mild pulmonary hypertension is also similar to previous without evidence of progression. No additional issues are identified.

Given these findings, continue Pimobendan is recommended as below. Continued assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).



**PATIENT**

Lilly Oberheim

**SPECIES**

Canine

**BREED**

Cavalier

**SEX**

Female Spayed

**AGE**

10 years

**WEIGHT**

27lbs

**INTERPRETED BY**

Maggie Machen Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Mass Veterinary Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

30302

**DATE**

4/18/23

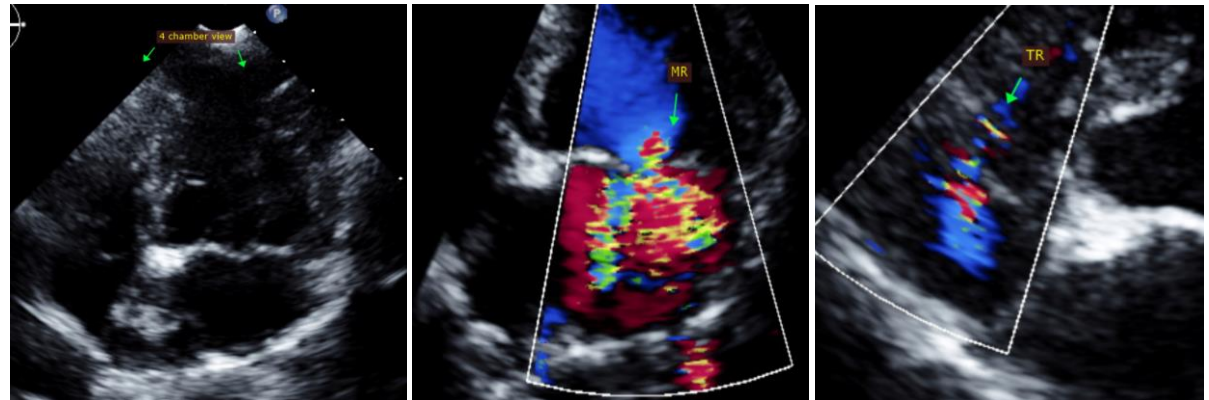
**RECOMMENDATIONS**

- Continue Pimobendan 0.3mg/kg PO q12h.
- 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 months, sooner if any development of clinical signs.

**IMAGES**



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.

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.

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

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