



**PATIENT**

Grayson Yonis

**SPECIES**

Canine

**BREED**

Maltese Mix

**SEX**

Male Neutered

**AGE**

10 years

**WEIGHT**

7.44lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING**

**PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary  
Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

23771

**DATE**

4/20/22

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History chronic valvular disease - Stage B2. Current presentation: Grayson is noted to have an occasional cough especially after drinking. He is continuing to eat well with normal activity level. On exam, NSR, grade II/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 140-150mmHg. Medications: 1) Pimobendan/vetmedin 3.75mg 1/3 tab twice a day 2) Tacrolimus both eyes twice a day 3) Diclophonate drops both eyes twice a day \*No sedation for study.  
-Pertinent previous echo findings (9/1/21 MML): LA 1.8 cm; LA:Ao 1.4; LV 2.0 cm; mild-moderate LAE; mild-moderate MR; mild TR (3.0 m/s - 36 mmHg), early pHTN.

**ECHOCARDIOGRAM FINDINGS**

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

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

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

**Mitral valve:** The mitral valve is thickened with 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 mildly thickened with mild tricuspid regurgitation. Velocity consistent with early PAH.

**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.

**2-Dimensional Measurements**

Ao diam (cm)	1.2
LA diam (cm)	1.7
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.7
LVID diastole (cm)	1.8
PW thickness (cm)	0.8
LVID systole (cm)	0.7
FS (%)	61

**Doppler Measurements**

PV Vmax (m/s)	1.2
AoV Vmax (m/s)	1.7
MR Vmax (m/s)	
TR Vmax (m/s)	2.8
TR PG (mmHg)	30

**INTERPRETATION OF THE FINDINGS**

Chronic degenerative valve disease persists with continued stability. The left heart dimensions continue to slightly improved and mild PAH is unchanged. No additional issues are identified.

Given these findings, no additional medications are indicated at this time. Continued assessment of progression in the future will help predict long term outcome, which remains guarded at this stage (B2).



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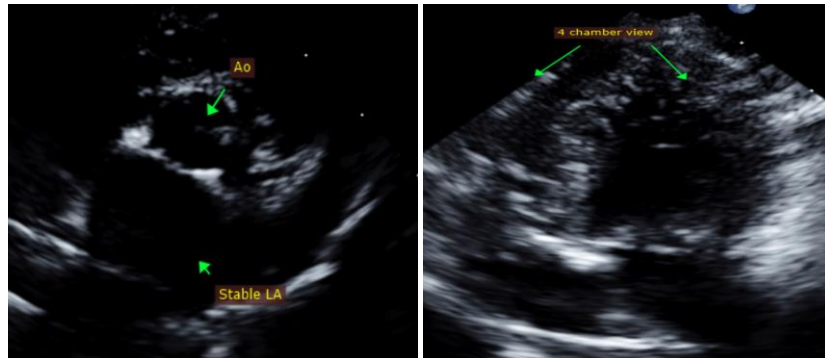
**RECOMMENDATIONS**

- Continue Pimobendan lifelong.
- 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**



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  
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**Echocardiogram performed by:**

Pamela Harrigan, RDCS  
Pet Animal Ultrasound Service (4paus.com)