


**PATIENT**

Louis Dailey

**SPECIES**

Canine

**BREED**

Maltese Mix

**SEX**

Male Neutered

**AGE**

10 years

**WEIGHT**

8.4lbs

**INTERPRETED BY**

 Maggie Machen Lamy,  
 DVM, DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

 Englewood Vet  
 Center

**REFERRING VET**

Dr. Ezik

**INVOICE**

30400

**DATE**

/23

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. Progressive heart murmur, now grade 4/6.

-Current medication: Vetmedin 1.25mgs Q12h.

-Pertinent previous echo findings (4/2022 MML): Mild LVE, moderate LAE, moderate MR, mild TR. LA: 1.9, LV; 3.4.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with mild prolapse into the left atrial lumen. Mild eccentric mitral regurgitation with mild left atrial dilation. Normal MR velocity. Normal LV diameter with adequate myocardial function. The tricuspid valve appears normal with trace tricuspid regurgitation. Normal velocity. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. No obvious aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses.

**CARDIAC CHART**

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	6.0	2.0	1.9	1.8	30	59	NM
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LA 2D short axis Base view (cm)	LVIDd Avg: 2D and m-mode short axis (cm)	LVIDs Avg: 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
PATIENT	106	1.7	0.86	3.8	2.3	3.6	2.2
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
<b>BODY WEIGHT DEPENDENT PARAMETERS</b>				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
*Note: All measurements based upon multi-modal images and methods. An average value is reported.				10	1.50 (3.8)	3.27 (3.5)	2.06 (3.1)
				15	1.83 (2.0)	3.71 (2.4)	2.43 (2.1)
				20	2.02 (1.9)	4.14 (2.2)	2.80 (2.0)
				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
				40	2.62 (5.2)	5.48 (6.1)	3.96 (5.4)
				50	2.88 (7.1)	6.07 (8.3)	4.46 (7.4)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Compared to the prior study, findings are similar. The left heart is slightly increased comparatively; however, no additional issues are identified.

Given these findings, continue Pimobendan going forward. A baseline BP should be assessed every 6 months, as an ACE-I may be indicated if persistent hypertension is noted. Prognosis remains guarded long-term; however, the patient has been stable upon serial exams.



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Louis Dailey

Monitor for development of a worsening murmur, cough, labored breathing, exercise intolerance or collapse episodes. Omega fatty acid supplementation may be of some long-term benefit.

**SPECIES**

Canine

Anesthetic risk remains mild. 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.

**BREED**

Maltese Mix

**SEX**

Male Neutered

**PLAN**

Monitor BP every 6 months. Continue Pimobendan 0.3mg/kg PO q12h.

Recommend recheck echocardiogram in 6-8 months to monitor for progression, sooner if any development of clinical signs.

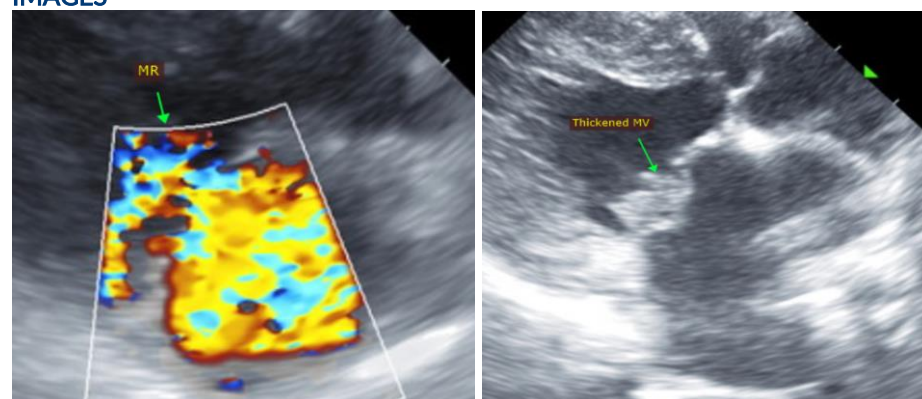
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10 years

**IMAGES**

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8.4lbs



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Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

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.

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

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Center

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.

**REFERRING VET**

Dr. Ezik

Maggie Machen Lamy, DVM  
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info@sonopath.com

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