



PATIENT PRESENTING CLINICAL SIGNS

Mia Cooper

History: Recheck echo. History chronic valvular disease - Stage B2. Current presentation: Mia is doing well at home; eating well with normal activity level. On exam today: NSR , grade III/VI murmur with PMI left apical area, PSS, lung fields clear. BP: 200-220 mmHg (stressed).
Medications: Pimobendan/vetmedin 5mg 1/2 tab twice a day. *No sedation for study.
-Pertinent previous echo findings (7/16/21 Tai Casagrande, DVM, DACVIM): LA 2.70 cm; LA:Ao 1.62; LV 3.01 cm; mild LAE; mild LVE; moderate-severe MR; trivial TR.

SPECIES

Canine

BREED ECHOCARDIOGRAM FINDINGS

Rat Terrier Mix

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.

SEX

Female Spayed

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.

AGE

12 years

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 no tricuspid regurgitation.

WEIGHT

22.4lbs

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)	1.6
LA diam (cm)	2.3
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.9
LVID diastole (cm)	2.76
PW thickness (cm)	0.9
LVID systole (cm)	1.3
FS (%)	54

Doppler Measurements

PV Vmax (m/s)	1.1
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	5.9
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing mild mitral regurgitation. Compared to what is listed from the prior study, there is evidence of improvement likely due to Pimobendan. The LA is only mildly dilated, indicating the current risk for complication is low. No concurrent issues such as pulmonary hypertension are noted in this study.

REFERRING VET

Dr. Masloski

Given these findings, reasonable to continue Pimobendan going forward. Prognosis is guarded at this stage (B2).

INVOICE

23885

The reported blood pressure is elevated and should be reassessed for accuracy particularly given no reported clinical signs of severe hypertension (retinal changes, etc.) or evidence of LVH on echo. Ideally obtain serial measurements in a controlled, low stress environment and continue until 3 consecutive readings plateau within 5mmHg of variability. If persistently >180mmHg despite a relatively calm demeanor, recommend

DATE

4/26/22



PATIENT
Mia Cooper

institution of amlodipine to effect. Additionally, if deemed accurate, screening for predisposing underlying causes of SHT is recommended (Cushings, PLN, adrenal tumor, etc.), as primary disease is relatively uncommon and a rule out diagnosis.

SPECIES
Canine

RECOMMENDATIONS

- Continue Pimobendan as prescribed.
- Reassess BP as discussed.
- 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.

BREED
Rat Terrier Mix

SEX
Female Spayed

AGE
12 years

WEIGHT
22.4lbs

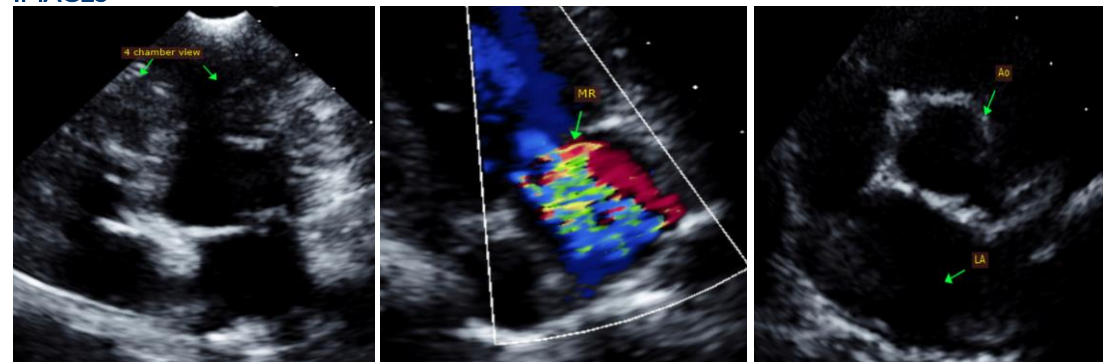
PLAN

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

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGES



IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

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. Masloski

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
23885

Maggie Machen Lamy, DVM
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DATE
4/26/22

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