



PATIENT

Bella Peterson

SPECIES

Canine

BREED

Minature Schnauzer

SEX

Femal Spayed

AGE

12 years

WEIGHT

17.7lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Current presentation: Doing well at home. Good appetite and energy level. On exam: NSR,+ grade IV-V/VI murmur with PMI left apical area and mild radiation to right with grade II/VI murmur noted on right, PSS, lung fields clear, no cough with tracheal pressure. BP: 140-150 mmHg. Medications: 1) Pimobendan 3.75mg 2/3 tab twice a day 2) Enalapril 2.5mg 1.5 tabs twice a day 3) Hycodan 5mg 1/4 tab twice a day 4) Denamarin s/m 1/2 tab daily 5) Ursodiol 100mg/ml 1 ml daily *No sedation for study.

-Pertinent previous echo findings (8/4/21 Laura Hatton DVM, DACVIM): LA 2.7 cm; LA/Ao 1.7; LV 3.09 cm; moderate LAE; moderate MR; mild AI; mild TR.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is mildly increased with hyperdynamic function. LV wall thicknesses are normal.

Left atrium: The left atrium is moderately dilated.

Mitral valve: The mitral valve is diffusely thickened with mild prolapse into the left atrial lumen. 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. 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 150bpm.

2-Dimensional Measurements

Ao diam (cm)	1.6
LA diam (cm)	2.9
LA:Ao (Swe)	1.8
IVS thickness (cm)	0.84
LVID diastole (cm)	3.0
PW thickness (cm)	0.84
LVID systole (cm)	1.5
FS (%)	50

Doppler Measurements

PV Vmax (m/s)	1.2
AoV Vmax (m/s)	2.0
MR Vmax (m/s)	5.9
TR Vmax (m/s)	2.6
TR PG (mmHg)	27

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

23910

DATE

4/27/22

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing moderate mitral and mild tricuspid regurgitation persists. Compared to what is available from the prior study, there is no obvious evidence of progression. There is no significant aortic leak noted, which may reflect a positive response to Enalapril. No additional issues are identified, and the LA remains stable.



PATIENT

Bella Peterson

Given these findings, continue Pimobendan and Enalapril as prescribed. No additional medications are clearly indicated. Assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).

SPECIES

Canine

RECOMMENDATIONS

- Continue Pimobendan and Enalapril as prescribed.
- Monitor BP every 6 months.
- 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

Minature Schnauzer

SEX

Femal Spayed

AGE

12 years

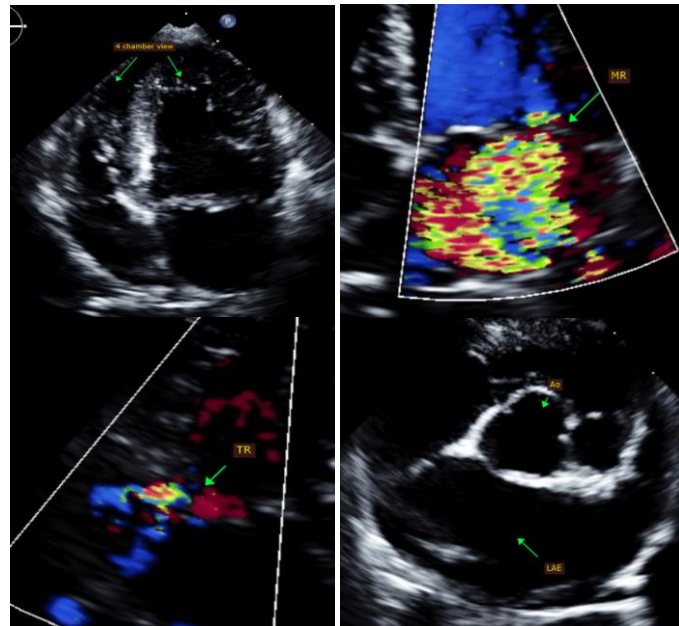
WEIGHT

17.7lbs

PLAN

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

IMAGES



INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

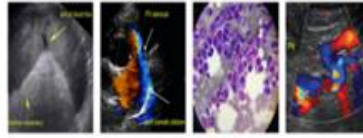
23910

DATE

4/27/22



Mass Veterinary
Services



SonoPath
Clinical Sonography & Telectology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Bella Peterson

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.

SPECIES

Canine

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

Minature Schnauzer

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

SEX

Femal Spayed

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

AGE

12 years

WEIGHT

17.7lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

**IMAGING
PERFORMED BY**

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

23910

DATE

4/27/22