



PATIENT

Katie Roberts

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Female Spayed

AGE

12 years

WEIGHT

12.63lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

30015

DATE

4/4/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease with improvement in cardiac chamber sizes and degree of mitral regurgitation on previous echo (9/7/22 MML). Presently, Katie is doing well at home - good appetite and normal energy level. No labored breathing, collapse episodes or exercise intolerance. Grade III/VI systolic murmur; clear lung fields. BP: 140 mmHg x 4. Current medications: Pimobendan 3.75mg, 1/2-tab BID, Enalapril 2.5mg, 1 tab daily (discontinued, melatonin, denamarin. *Sedated with propofol for study.
-Pertinent previous echo findings: LA 2.3 cm; LA:Ao 1.4; LV 2.1 cm; mild LAE, mild MR, mild TR (2.5 m/s).

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 normal.

Mitral valve: The mitral valve is thickened with mild prolapse into the left atrial lumen. Mild 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 normal 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 130bpm.

2-Dimensional Measurements

Ao diam (cm)	1.5
LA diam (cm)	1.5
LA:Ao (Swe)	1.0
IVS thickness (cm)	0.6
LVID diastole (cm)	2.2
PW thickness (cm)	0.6
LVID systole (cm)	1.5
FS (%)	32

Doppler Measurements

PV Vmax (m/s)	0.87
AoV Vmax (m/s)	1.0
MR Vmax (m/s)	4.7
TR Vmax (m/s)	2.2
TR PG (mmHg)	20

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with continued improvement. The overall cardiac dimensions and function are now normal without LA enlargement. No additional issues are identified.

Given these findings, both these medications are unnecessary and can be safely discontinued. This is uncommon to see, although can happen in rare cases. Continue monitoring is recommended to ensure no progression is noted with this change; however, the risk is low.



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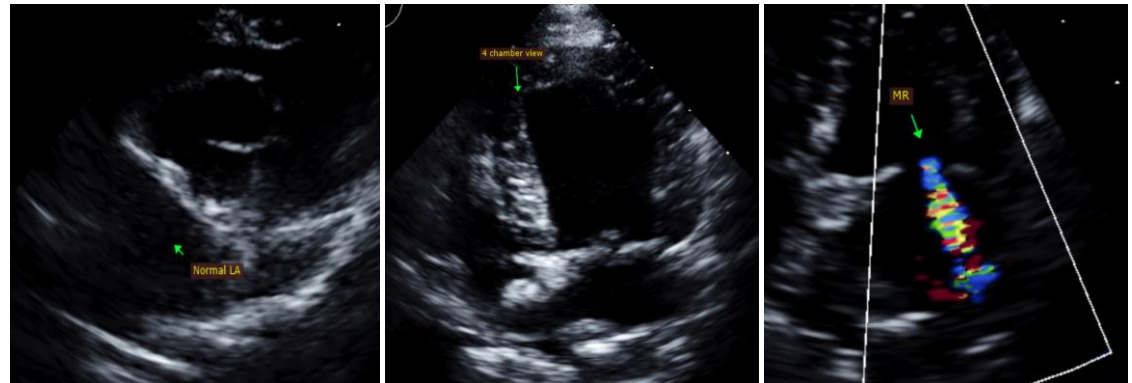
RECOMMENDATIONS

- Discontinue Enalapril and Pimobendan 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.

PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 6 months. If persistently normal LA dimension, annual rechecks are advised going forward.

IMAGES

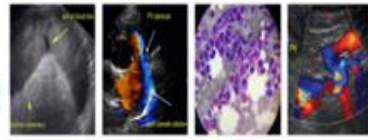


The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)



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