



PATIENT

Myer Papillon Haven
Rescue

SPECIES

Canine

BREED

Papillon

SEX

Male Intact

AGE

14 years

WEIGHT

6.44lbs

PRESENTING CLINICAL SIGNS

History: Myer was surrendered for adoption and was noted to have a heart murmur. Eating well since starting an antibiotic for dental disease. He is otherwise doing well. Needs dental as well as neutering. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 90-100mmHg. *Sedated with propofol for study.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is decreased with mildly increased LV wall thickness.

Left atrium: The left atrium is normal.

Mitral valve: The mitral valve is mildly thickened with minimal 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; 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 140bpm. *Transient ST segment depression noted during the echocardiogram/heavy sedation.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.2
LA diam (cm)	1.4
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.7
LVID diastole (cm)	1.6
PW thickness (cm)	0.8
LVID systole (cm)	0.8
FS (%)	50

Doppler Measurements

PV Vmax (m/s)	1.0
AoV Vmax (m/s)	0.73
MR Vmax (m/s)	5.4
TR Vmax (m/s)	2.4
TR PG (mmHg)	23

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

INTERPRETATION OF THE FINDINGS

The cause of the murmur is chronic degenerative valve disease causing mild to moderate mitral and mild tricuspid regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. The LV has a volume underloaded appearance and baseline lab work is recommended. Other possibly explanations would be a primary myocardial issue versus systemic hypertension (not noted in this case). Simple monitoring is recommended. No additional issues are identified.

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).

INVOICE

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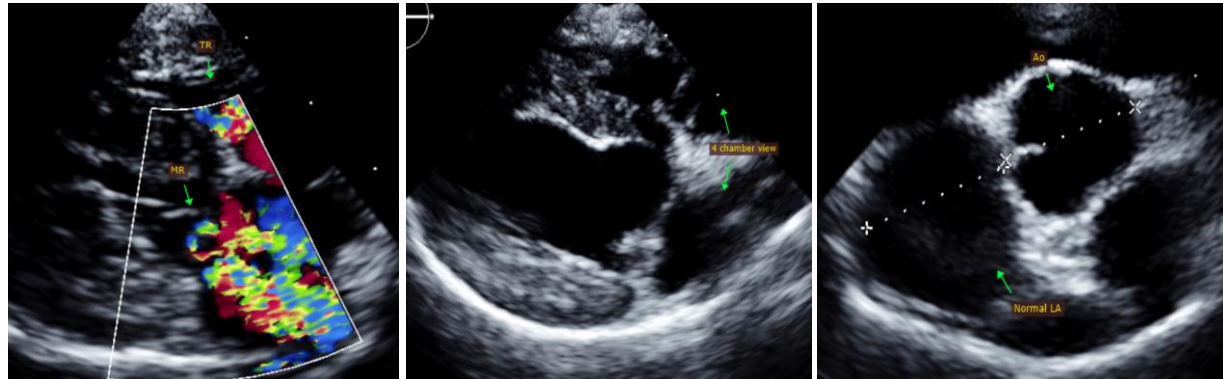
RECOMMENDATIONS

- No cardiac medications are clearly indicated.
- Baseline lab work is recommended if not recently assessed.
- 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)