



PATIENT

Henry Brown

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Male Neutered

AGE

12.5 years

WEIGHT

23.4lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Bicavity exams. 1) Recheck echo-history of chronic valvular disease-Stage B2. 2) Abnormal BW identified when presenting for PU/PD and diarrhea. Current meds: 1) Metronidazole 125mg BID, 2)Aluminum hydroxide 175mg BID, 3) Denamarin med SID, 4) Vetmedin 3.75mg BID.

-Pertinent previous echo findings 99/1/22 MML): LA 2.36 cm, LA:Ao 1.5, LV 2.9 cm, mild-moderate LAE, moderate MR, moderate TR (3.6 m/s; 54mmHg), moderate pulmonary hypertension.

-Abnormal PE/Chem/CBC/UA Results: ALT 335, BUN 114, creat 3.5, SDMA 18.9, phos 9.3, MG 2.7, chol 353, amylase 1255, precision PSL 376, plt 528, key screen fecal all undetected.

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 mild to moderately dilated.

Mitral valve: The mitral valve is diffusely thickened with no 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.

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.

2-Dimensional Measurements

Ao diam (cm)	1.5
LA diam (cm)	2.4
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.8
LVID diastole (cm)	2.3
PW thickness (cm)	0.9
LVID systole (cm)	0.9
FS (%)	60

Doppler Measurements

PV Vmax (m/s)	0.75
AoV Vmax (m/s)	1.0
MR Vmax (m/s)	5.1
TR Vmax (m/s)	2.6
TR PG (mmHg)	27

IMAGING PERFORMED BY

Pamela Harrigan,
RDMS

HOSPITAL NAME

Anchor Animal
Hospital

REFERRING VET

Dr. McCabe

INVOICE

30101

DATE

4/6/23

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with evidence of stability. The left heart dimensions are actually improved and the pulmonary hypertension is not apparent. No additional issues have developed and the disease appears stable.

Given these findings, continue Pimobendan going forward. Assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).



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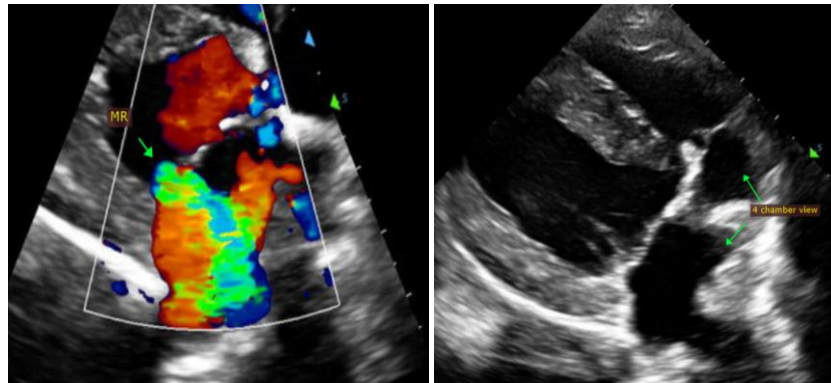
RECOMMENDATIONS

- Continue Pimobendan 0.3mg/kg PO q12h.
- 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, 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
 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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