



PATIENT

Lily Falcone

SPECIES

Canine

BREED

Cavalier

SEX

Female Spayed

AGE

6 years

WEIGHT

23.4lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Eduardo Rodriguez
III, RCS

HOSPITAL NAME

Falmouth Animal
Hospital

REFERRING VET

Dr. Hauser

INVOICE

30512

DATE

5/1/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B1. Presently, Lily is doing well at home. No coughing, good appetite, normal energy level. Normal respiration rate. Heart murmur is now grade III-IV/VI holosystolic.

-Pertinent previous echo findings (1/30/23 MML): LA 2.4 cm, LA:Ao 1.4, LV 3.5 cm, mild LAE, moderate MR, moderate TR (2.9 m/s; 34 mmHg). Early pulmonary hypertension.

ECHOCARDIOGRAM FINDINGS

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.

Left atrium: The left atrium is mildly 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 moderate tricuspid regurgitation. Velocity consistent with early pulmonary hypertension.

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.

2-Dimensional Measurements

Ao diam (cm)	1.7
LA diam (cm)	2.5
LA:Ao (Swe)	1.45
IVS thickness (cm)	0.6
LVID diastole (cm)	3.5
PW thickness (cm)	0.6
LVID systole (cm)	1.9
FS (%)	45

Doppler Measurements

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	5.7
TR Vmax (m/s)	2.7
TR PG (mmHg)	30

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with evidence of stability. Despite significant mitral and tricuspid regurgitation, the left and right heart dimensions are only mildly enlarged. No progression is seen from the prior study and pulmonary pressures measure normal.

Given these findings, no medications remain indicated. Continue assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).



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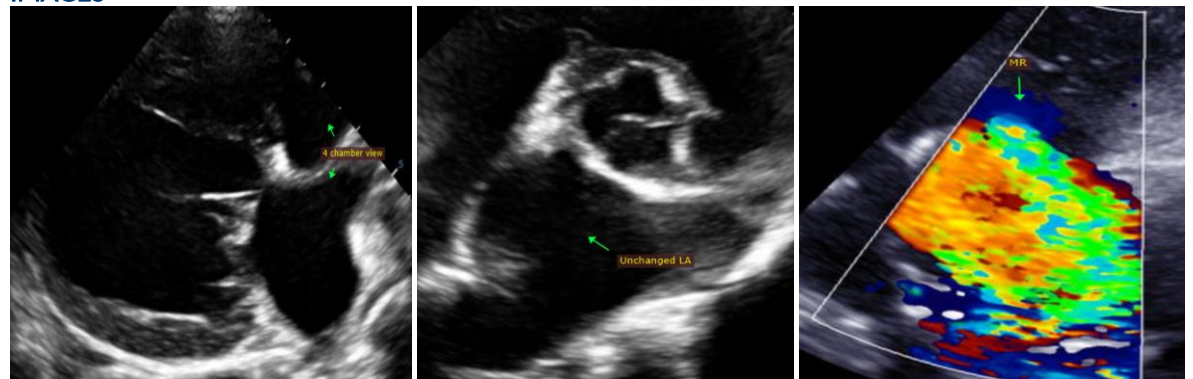
RECOMMENDATIONS

- No cardiac medications are clearly indicated.
- 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.

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