



PATIENT
Randy Harrington

SPECIES
Canine

BREED
Beagle Mix

SEX
Male Neutered

AGE
13 years

WEIGHT
44.4lbs

INTERPRETED BY
Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan,
RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
30704

DATE
5/10/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B1. Presently, Randy is on levothyroxine 0.6 mg BID for hypothyroidism. Has lost ~ 10lb since last visit. Otherwise, he is eating well and has good energy level. Needs dental prophylaxis. Grade IV/VI systolic murmur; lung fields clear. BP: 160mmHg x 4. Current medications: 1) Levothyroxine 0.6mg BID 2) Benazepril 5mg BID 3) Gabapentin 300mg BID *Sedated with propofol for study. T4 slightly elevated at 4.6 (high normal: 4.0).
-Pertinent previous echo findings (10.4/22 MML): LA 3.6 cm; LA:Ao 1.4; LV 4.4 cm; mild LAE, normal LV size, moderate MR, mild TR (3.3 m/s; 41 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 mildly thickened with mild prolapse into the left atrial lumen. Moderate mitral regurgitation with a normal velocity.

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Mild aortic insufficiency.

Right ventricle: Normal right ventricular diameter and morphology.

Right atrium: Normal RA dimension.

Tricuspid valve: The tricuspid valve appears mildly thickened with septal prolapse and 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 188bpm.

2-Dimensional Measurements

Ao diam (cm)	2.5
LA diam (cm)	3.6
LA:Ao (Swe)	1.44
IVS thickness (cm)	1.1
LVID diastole (cm)	3.3
PW thickness (cm)	1.1
LVID systole (cm)	2.2
FS (%)	33

Doppler Measurements

PV Vmax (m/s)	0.76
AoV Vmax (m/s)	1.6
MR Vmax (m/s)	5.0
TR Vmax (m/s)	2.7
TR PG (mmHg)	30

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with continued stability. The left heart dimensions are unchanged, and the AI appears stable. No pulmonary hypertension is appreciated, and no additional issues have developed.

Given these findings, no additional medications are warranted. Continued assessment of progression in the future will help predict long term prognosis, which remains highly variable at this stage (B1).

RECOMMENDATIONS

- Continue Benazepril as prescribed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.



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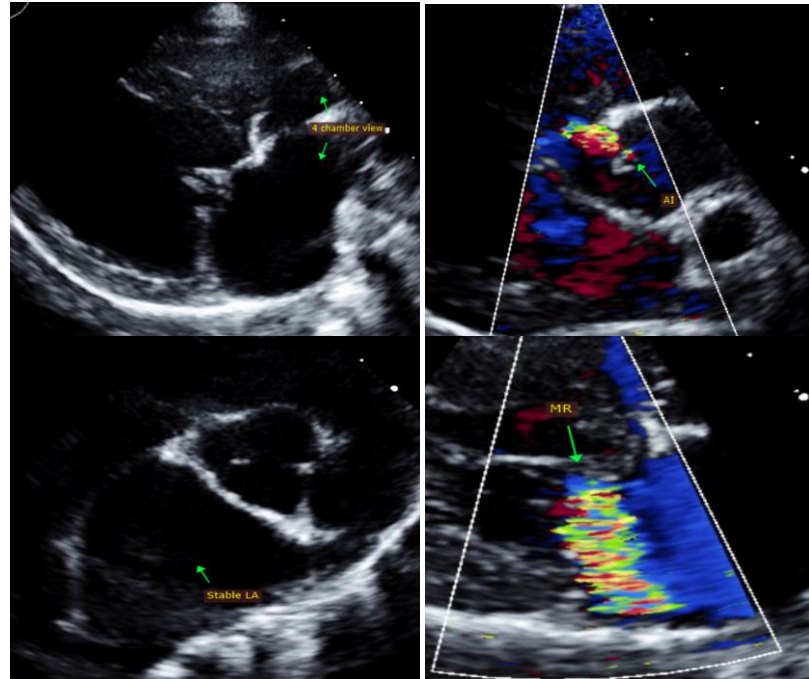
DATE
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- Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor 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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info@sonopath.com

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