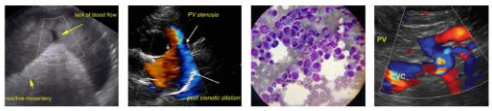


PATIENT
Kiki Mellor

SPECIES
Canine

BREED
Jack Russell Terrier

SEX
Female Spayed

AGE
12 years

WEIGHT
15.9lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Anchor Animal Hospital

REFERRING VET
Dr. Pietsch

INVOICE
24190

DATE
5/15/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B1. Currently doing well with no clinical signs. RR 15-22. ProBNP 1280; elevated ALT 167, ALP 240. BP: 180-200mmHg.
- Pertinent previous echo findings (10/1/21 MML: LA 1.77 cm; LA:Ao 1.3; LV 2.66 cm; mild LAE; mild-moderate MR; mild TR (1.7 m/s);

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is borderline dilated with adequate myocardial function. LV wall thicknesses are normal.
Left atrium: The left atrium is moderately dilated.
Mitral valve: The mitral valve is mildly 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 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 120bpm.

2-Dimensional Measurements

Ao diam (cm)	1.3
LA diam (cm)	2.0
LA:Ao (Swe)	1.6
IVS thickness (cm)	0.66
LVID diastole (cm)	2.9
PW thickness (cm)	0.62
LVID systole (cm)	1.2
FS (%)	53

Doppler Measurements

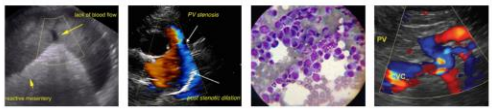
PV Vmax (m/s)	0.7
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	5.5
TR Vmax (m/s)	2.2
TR PG (mmHg)	20

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with evidence of mild progression. The left atrium and MR are increased comparatively with a slight increase in LV dimension. The TR is similar to previous with no significant pulmonary hypertension. No additional issues are identified.

Given progression seen here, Pimobendan is recommended as below. This is a slightly conservative recommendation. Assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).

The reported blood pressure is elevated and should be reassessed for accuracy particularly given no reported clinical signs of severe hypertension (retinal changes, etc.) or evidence of LVH on echo. Ideally obtain serial measurements in a controlled, low stress environment and continue until 3 consecutive readings plateau within 5mmHg of



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variability. If persistently >180mmHg despite a relatively calm demeanor, recommend institution of amlodipine to effect. Additionally, if deemed accurate, screening for predisposing underlying causes of SHT is recommended (Cushings, PLN, adrenal tumor, etc.), as primary disease is relatively uncommon and a rule out diagnosis.

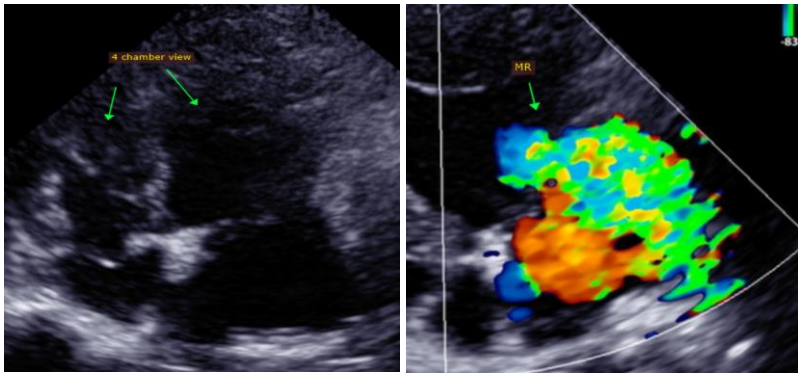
RECOMMENDATIONS

- Institute heart muscle support Pimobendan 0.3mg/kg PO q12h.
- Reassess BP as discussed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Once on Pimobendan for 3-5 days, 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
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