



**PATIENT**

Magic Gonsalves

**SPECIES**

Canine

**BREED**

Maltese

**SEX**

Male Neutered

**AGE**

8 years

**WEIGHT**

11.7lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Anchor Animal  
Hospital

**REFERRING VET**

Dr. Pietsch

**INVOICE**

24192

**DATE**

5/15/22

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History chronic valvular disease - Stage B1. Currently doing well with no clinical signs. Grade II/VI systolic murmur, left, grade I/VI systolic murmur, right. On Omega FA. BP: 175-185mmHg. \*Sedated with gabapentin and trazadone.  
- Pertinent previous echo findings (11/11/21 Keith Blass, DVM, DACVIM-Cardiology): LA 2.54 cm; LV 2.52 cm; normal LA size; mild-moderate MR; mild TR (2.33 m/s).

**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 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 normal with mild tricuspid regurgitation. Borderline 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 120bpm.

**2-Dimensional Measurements**

Ao diam (cm)	1.2
LA diam (cm)	1.9
LA:Ao (Swe)	1.6
IVS thickness (cm)	0.57
LVID diastole (cm)	2.2
PW thickness (cm)	0.67
LVID systole (cm)	0.96
FS (%)	56

**Doppler Measurements**

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	1.0
MR Vmax (m/s)	5.1
TR Vmax (m/s)	2.8
TR PG (mmHg)	32

**INTERPRETATION OF THE FINDINGS**

Chronic degenerative valve disease causing moderate mitral and mild tricuspid regurgitation. Compared to the prior study, there is mild progression with mild left atrial enlargement. Mild pulmonary hypertension has also developed, which should be monitored going forward. No additional issues are identified. Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).

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.

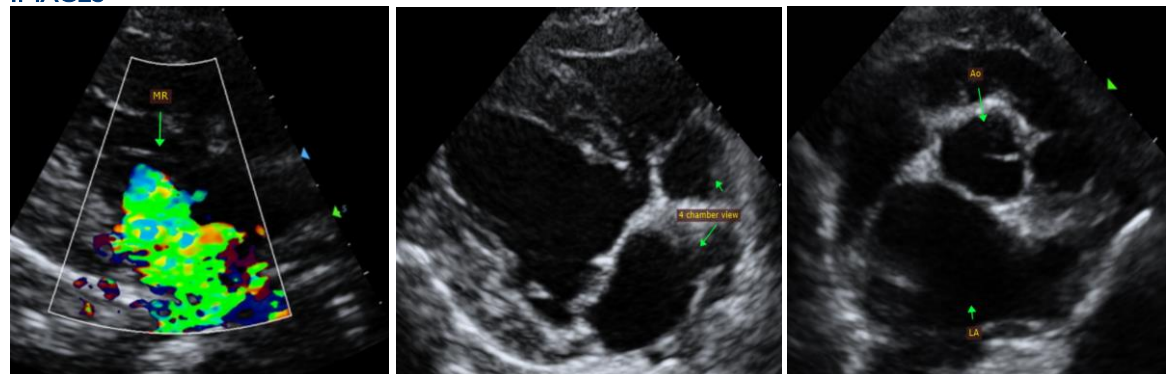
**RECOMMENDATIONS**

- Given these findings, no cardiac medications are clearly indicated.
- Reassess BP as discussed.
- 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  
 Diplomat of the American College of Veterinary Internal Medicine (Cardiology)  
 info@sonopath.com