



PATIENT

Daisy Mae Vorchhiemer

SPECIES

Canine

BREED

Shih Tzu

SEX

Female Spayed

AGE

13 years

WEIGHT

17.25lbs

INTERPRETED BY

Maggie Machen Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

24355

DATE

5/24/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular heart disease - Stage B1. Daisy Mae has been doing well. Good appetite with normal activity level. On exam: occasional arrhythmia noted, grade II/VI murmur with PMI left apical area, PSS, lung fields clear, no cough with tracheal pressure. BP: 220mmHg x 5. *Sedated with propofol for study.

-Pertinent previous echo findings (10/12/21 Maggie Machen Lamy, DVM, DACVIM-cardiology): LA 1.7 cm; LA:ao 1.2; LV 2.5 cm; normal LA size; trace MR; mild TR (1.4 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 normal.

Mitral valve: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Trace mitral regurgitation.

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 mild 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 130bpm.

2-Dimensional Measurements

Ao diam (cm)	1.6
LA diam (cm)	1.9
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.7
LVID diastole (cm)	2.1
PW thickness (cm)	0.8
LVID systole (cm)	1.3
FS (%)	38

Doppler Measurements

PV Vmax (m/s)	1.0
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	NM
TR Vmax (m/s)	2.0
TR PG (mmHg)	16

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with evidence of stability. Trace/mild mitral and tricuspid regurgitation are unchanged with no significant chamber enlargement. No obvious concurrent issues are identified.

Continued 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 markedly elevated on serial exams (200-220mmHg previously) 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



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consecutive readings plateau within 5mmHg of 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.

SPECIES

Canine

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.
- No cardiac contraindication for general anesthesia prior to chamber enlargement.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

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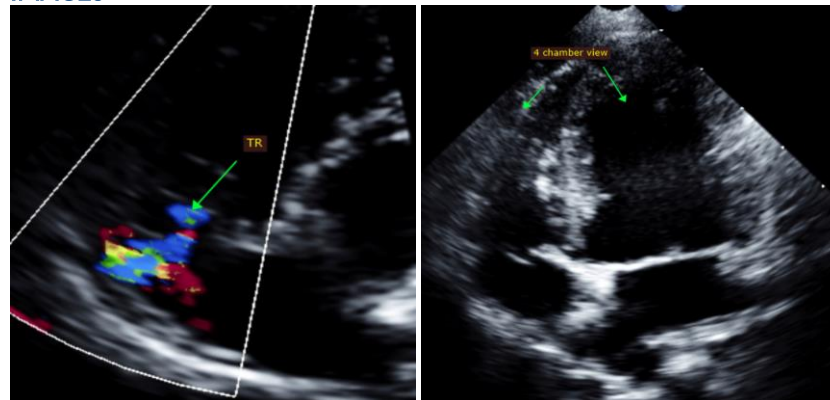
PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 6-12 months, sooner if any development of clinical signs.

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IMAGES



INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

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.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

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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.

REFERRING VET

Dr. Masloski

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Echocardiogram performed by:

Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)

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