



PATIENT

Kaia Hogan

SPECIES

Canine

BREED

Cavalier

SEX

Female Spayed

AGE

7 years

WEIGHT

17.8lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

24366

DATE

5/24/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B1. History seizures- on Phenobarbital. Presently doing well at home. Her last seizure event was approximately 27 weeks ago. On exam today: NSR, grade III/VI murmur with PMI left apical area, PSS, lung fields clear. BP: 120mmHg x 5. Current medications: 1) Phenobarbital 30mg 1 tab twice a day 2) CBD oil.

-Pertinent previous echo findings (5/20/21 Julia Treseder, DVM, DACVIM-Cardiology): LA 2.42 cm; LA:Ao 1.48; LV 4.64 cm; borderline dilated LA; mild-moderate MR; mild TR (1.99 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 mildly thickened 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 140bpm.

2-Dimensional Measurements

Ao diam (cm)	1.7
LA diam (cm)	2.4
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.7
LVID diastole (cm)	3.1
PW thickness (cm)	0.65
LVID systole (cm)	1.9
FS (%)	39

Doppler Measurements

PV Vmax (m/s)	0.55
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	5.6
TR Vmax (m/s)	2.1
TR PG (mmHg)	18

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with moderate mitral and mild tricuspid regurgitation. Compared to the prior study, the findings are similar without progression in LA or LV dimensions. Mild TR is similar without obvious pulmonary hypertension. 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).



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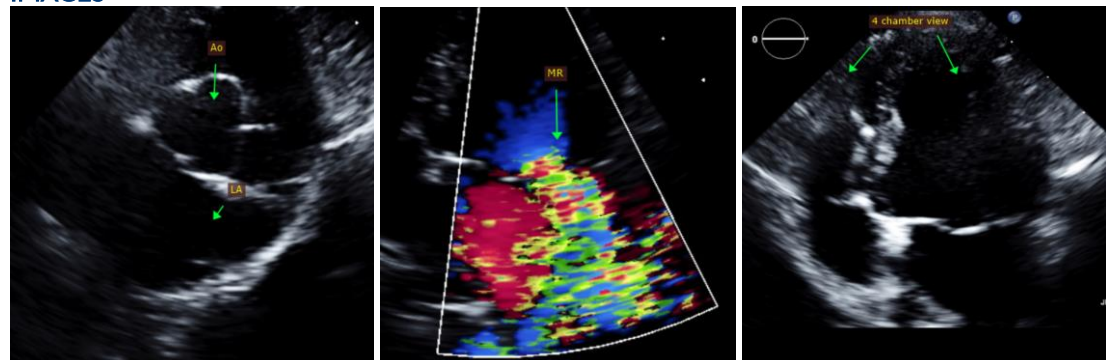
RECOMMENDATIONS

- Given these findings, 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.

Maggie Machen Lamy, DVM
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info@sonopath.com

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