



PATIENT

Day-Z Bazan

SPECIES

Canine

BREED

Shih Tzu

SEX

Female Spayed

AGE

10 years

WEIGHT

11.31lbs

PRESENTING CLINICAL SIGNS

History: Day-Z has been having collapsing events. Her first event, she fell over and could not get up. She goes down in rear first. Collapsed today - was fully aware of her surroundings and was back to normal within a few seconds but initially a bit ataxic. The events happen randomly with no relation to exercise or excitement. Good appetite. On exam today: NSR, no murmurs noted, PSS, lung fields clear. BP: 120-130mmHg. *No sedation for study.

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 eccentric 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: Prominent RV.

Right atrium: Prominent RA.

Tricuspid valve: The tricuspid valve appears normal with mild tricuspid regurgitation. Velocity consistent with mild 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 100bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

| | |
|--------------------|-----|
| Ao diam (cm) | 1.4 |
| LA diam (cm) | 1.4 |
| LA:Ao (Swe) | 1.0 |
| IVS thickness (cm) | 0.6 |
| LVID diastole (cm) | 1.9 |
| PW thickness (cm) | 0.6 |
| LVID systole (cm) | 1.1 |
| FS (%) | 42 |

Doppler Measurements

| | |
|----------------|-----|
| PV Vmax (m/s) | 0.7 |
| AoV Vmax (m/s) | 1.2 |
| MR Vmax (m/s) | NA |
| TR Vmax (m/s) | 3.2 |
| TR PG (mmHg) | 40 |

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing trace mitral and mild tricuspid regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. Mild pulmonary hypertension is noted, which should be monitored going forward. No additional issues are noted in this study. Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

24491

DATE

5/31/22

The nature of the episodes is most consistent with a noncardiac cause. Mild disease is seen there and should not be causing symptoms. That being said, mild pulmonary hypertension is noted which may lead to exertional syncope in the future. No treatment is warranted at this time; however, if exertional episodes develop in the future, a trial of Sildenafil may be warranted. No additional medications are indicated at this time. Consider further evaluation, such as a holter monitor, neurologic evaluation, etc.



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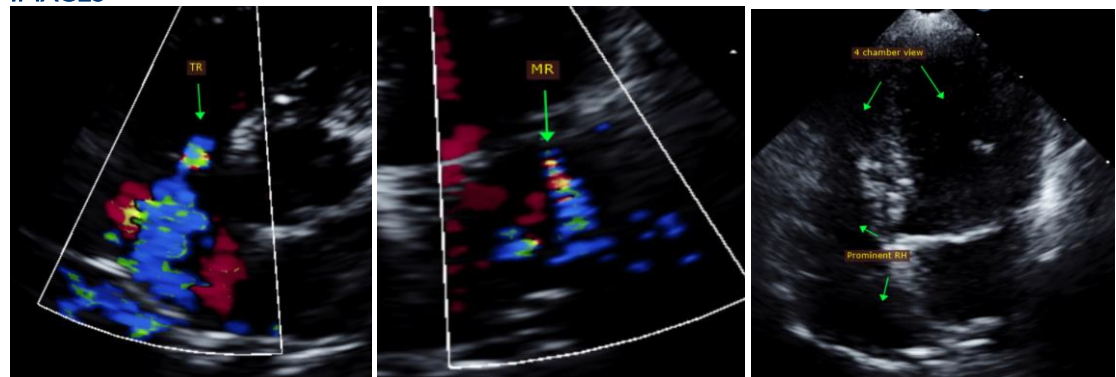
RECOMMENDATIONS

- Given these findings, no cardiac medications are clearly indicated.
- If exertional syncope or dyspnea develop, consider a trial of Sildenafil 1-2mg PO q8h and assess response.
- Further systemic/neurologic evaluation as advised.
- 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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
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Echocardiogram performed by:

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