



PATIENT

Mina Carlson

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Female Spayed

AGE

6 years

WEIGHT

18.8lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

30684

DATE

5/9/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History valvular pulmonary stenosis S/P balloon valvuloplasty. MIna is presently doing well. She pants a bit more in warmer weather and has been getting a bit more tired on her walks. Good appetite and normal activity level. On exam: NSR, grade III/VI murmur with PMI left basilar area, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 120mmHg x 5. Currently, no medications. *No sedation for study.

-Pertinent previous echo findings (7/5/22 MML): LA 1.8 cm, LA:Ao 1.1, LV 2.6 cm; minimal RAE, mild RVE with minimal RVH. PV - thickened, tethered, moderate PI. PV Vmax 3.7 m/s,

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: The LV diameter is normal with adequate function. LV wall thicknesses are normal.

Left atrium: The left atrium is normal.

Mitral valve: The mitral valve appears normal with no MR.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

Right ventricle: The RV is mildly dilated with minimal hypertrophy.

Right atrium: Minimal RA dilation.

Tricuspid valve: The tricuspid valve appears normal with no tricuspid regurgitation.

Pulmonic valve/Pulmonary artery: Pulmonic outflow velocities are elevated at the level of the valve. The max velocity is consistent with a mild to moderate stenosis (PG 49mmHg). The pulmonic valve appears thickened and tethered. Moderate pulmonic insufficiency. Mild post-stenotic dilation of the MPA and branches.

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)	1.5
LA diam (cm)	1.7
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.7
LVID diastole (cm)	2.0
PW thickness (cm)	0.8
LVID systole (cm)	0.7
FS (%)	65

Doppler Measurements

PV Vmax (m/s)	3.5
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Persistent stability is identified in this study, The pressure gradient is unchanged without progressive right heart enlargement. The left heart remains normal, and no additional issues are identified.

Given these findings, no medications are clearly warranted. Prognosis remains guarded; however, a lack of restenosis thus far certainly a good sign. Lifelong monitoring remains advised.

Monitor for development of associated clinical signs (collapse, abdominal distention, cough, labored breathing). Mild exercise restriction is advised. Omega fatty acid



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supplementation may have some long-term benefit, given these cases are predisposed to development of arrhythmias going forward.

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RECOMMENDATIONS

- No medications are identified.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is mild to moderate at this time. Avoid heart rate stimulating drugs such as atropine or glycopyrrolate unless absolutely necessary. Avoid vasodilators such as acepromazine. Mild IV fluid restriction is advised. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction and recover in O2 if possible.
- Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary.
- Mild activity restriction is advised.

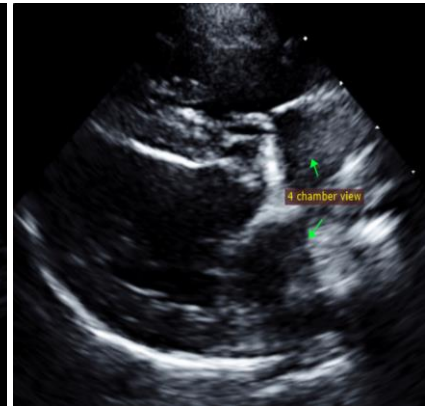
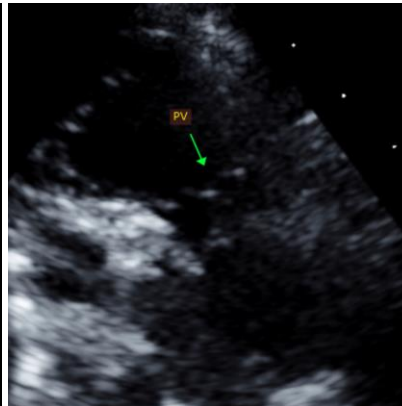
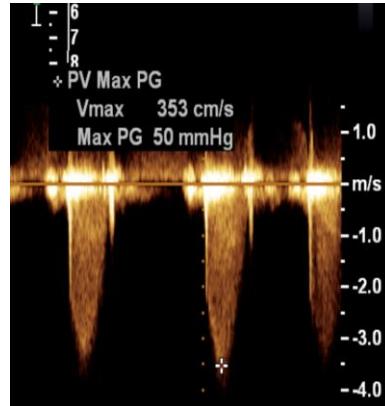
PLAN

- A recheck echocardiogram is recommended annually, sooner if clinical signs arise.

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Maggie Machen Lamy, DVM
DACVIM (Cardiology)

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.

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