



PATIENT

Sadie Senecal

SPECIES

Canine

BREED

Shih Tzu

SEX

Female Spayed

AGE

11 years

WEIGHT

11.75lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Eduardo Rodrigues III, RCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

31344

DATE

6/14/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B1; history persistent left cranial vena cava. Presently, Sadie is presently doing well with a good appetite and activity level. On exam: NSR, grade III/VI murmur with PMI left apical area, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 150mmHg x 3. Current medications: Apoquel 5.4mg 1/2 tab daily * Sedated with propofol for study.

-Pertinent previous echo findings (12/14/22 MML): LA 1.9 cm; LV:Ao 1.5; LV 2.2 cm; mild LAE, mild-moderate MR, mild-moderate TR (2 m/s).

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: There is no left ventricular dilation. Left ventricular systolic function is adequate.

Left atrium: There is mild left atrial dilation. Suspicion for a dilated coronary sinus and persistent left cranial vena cava on 2D imaging.

Mitral valve: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. There is moderate mitral regurgitation present. Normal velocity.

Aortic valve/Aorta: There is normal systolic flow velocity across the aortic valve. The aortic valve appears trileaflet with normal mobility.

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: Normal RA dimension.

Tricuspid valve: Mild thickening of the tricuspid valve with mild to moderate TR. Normal velocity.

Pulmonic valve/Pulmonary artery: The main pulmonary artery is normal in diameter. The pulmonic valve is normal in appearance. Trace pulmonic insufficiency. Normal RVOT velocity; laminar flow.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

2-Dimensional Measurements

Ao diam (cm)	1.3
LA diam (cm)	1.9
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.5
LVID diastole (cm)	2.6
PW thickness (cm)	0.5
LVID systole (cm)	1.6
FS (%)	38

Doppler Measurements

PV Vmax (m/s)	0.5
AoV Vmax (m/s)	0.8
MR Vmax (m/s)	4.7
TR Vmax (m/s)	2.0
TR PG (mmHg)	16

INTERPRETATION OF THE FINDINGS

Compared to the prior study, findings are persistently stable. MR and TR are unchanged without progressive left or right heart enlargement. No additional issues are identified.

Given these findings, no medications remain indicated. Continued assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).



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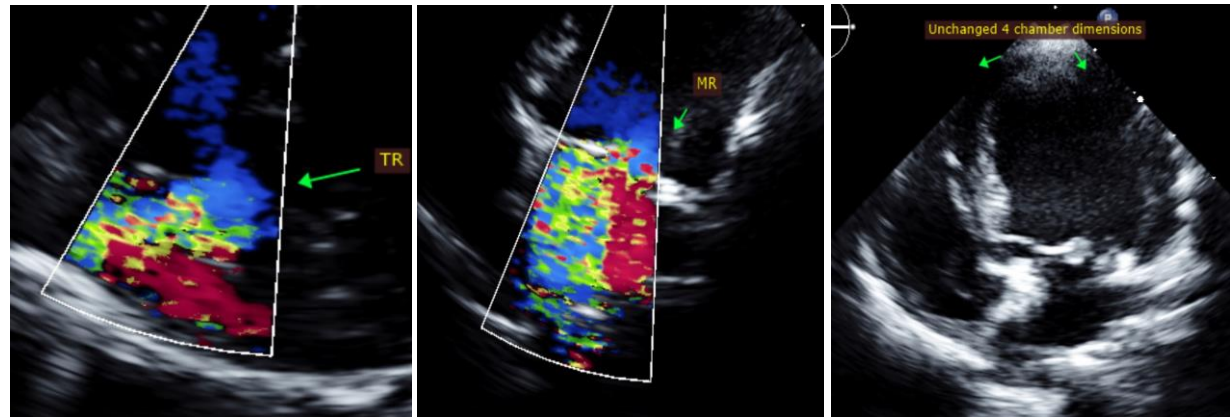
RECOMMENDATIONS

- 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 6-12 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.

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Echocardiogram performed by: Eduardo Rodrigues III, RCS
Pet Animal Ultrasound Service (4paus.com)