



PATIENT

Ivan Waldmann

SPECIES

Canine

BREED

Silky Terrier

SEX

Male Neutered

AGE

12 years

WEIGHT

16.38lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2 diagnosed on echocardiogram 1/11/22 (Scott Forney, DVM, DACVIM-Cardiology). Current presentation: Ivan is doing well. He pants when hot but has no labored breathing. Panting possibly related to some anxiety since he has gone blind. Ivan continues to eat well and maintains relatively normal activity. On exam: NSR, grade III/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 130mmHg x 3. Medications: 1) Pimobendan/vetmedin 1.25mg mg 1.5 tabs twice a day 2) Diclofenac twice a day 3) Optix care twice a day *No sedation for study. -Pertinent previous echo findings: LA 2.7 cm; LA:Ao 1.5; LV 3.08 cm; moderate LAE; moderate-severe MR; mild-moderate TR (2.97 m/s)

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is mildly increased with hyperdynamic function. LV wall thicknesses are normal.

Left atrium: The left atrium is moderately dilated.

Mitral valve: The mitral valve is diffusely thickened with mild prolapse into the left atrial lumen. Moderate to severe 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 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.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

24799

DATE

6/15/22

2-Dimensional Measurements

Ao diam (cm)	1.6
LA diam (cm)	2.6
LA:Ao (Swe)	1.6
IVS thickness (cm)	0.7
LVID diastole (cm)	2.8
PW thickness (cm)	0.6
LVID systole (cm)	1.5
FS (%)	46

Doppler Measurements

PV Vmax (m/s)	0.86
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	5.6
TR Vmax (m/s)	3.4
TR PG (mmHg)	46

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing moderate to severe mitral and mild tricuspid regurgitation persists. Compared to the prior study, the findings appear similar. Moderate left atrial enlargement indicates there is relatively low risk for imminent complication, however risk for progression to spontaneous congestive heart failure in the future is elevated. Mild pulmonary hypertension is slightly increased comparatively and follow up is advised. No additional issues are identified.



PATIENT
Ivan Waldmann

Given these findings, continue Pimobendan is recommended as below. No additional medications are warranted at this time. Continue assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).

SPECIES
Canine

RECOMMENDATIONS

- Continue Pimobendan 0.3mg/kg PO q12h.
- 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.

BREED
Silky Terrier

SEX
Male Neutered

AGE
12 years

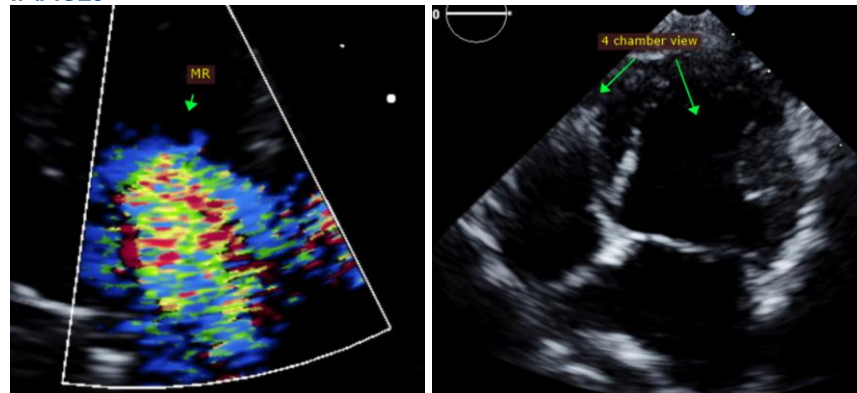
PLAN

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

WEIGHT
16.38lbs

IMAGES

INTERPRETED BY
Maggie Machen
Lamy, DVM
DACVIM (Cardiology)



IMAGING PERFORMED BY
Pamela Harrigan,
RDCS

HOSPITAL NAME
Mass Veterinary
Services

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.

REFERRING VET
Dr. Masloski

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.

INVOICE
24799

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

DATE
6/15/22

Echocardiogram performed by:

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