



PATIENT
Frannie Levin

PRESENTING CLINICAL SIGNS

History: Frannie is referred to evaluate a heart murmur. She has been coughing a bit more recently, but eating very well and remains active for her age. On exam: NSR, grade II/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 210mmHg x 5. *Sedated with propofol for study.

SPECIES
Canine

ECHOCARDIOGRAM FINDINGS

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

BREED
Poodle Mix

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

Left atrium: The left atrium is normal.

SEX
Female Spayed

Mitral valve: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Trace anterior-directed mitral regurgitation.

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

AGE

14 years

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 normal with mild tricuspid regurgitation. Normal velocity.

WEIGHT
10.8lbs

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 160bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

| | |
|--------------------|-----|
| Ao diam (cm) | 1.7 |
| LA diam (cm) | 1.6 |
| LA:Ao (Swe) | 0.9 |
| IVS thickness (cm) | 1.0 |
| LVID diastole (cm) | 1.5 |
| PW thickness (cm) | 1.1 |
| LVID systole (cm) | 0.6 |
| FS (%) | 60 |

Doppler Measurements

| | |
|----------------|-----|
| PV Vmax (m/s) | 0.6 |
| AoV Vmax (m/s) | 1.0 |
| MR Vmax (m/s) | NM |
| TR Vmax (m/s) | 1.8 |
| TR PG (mmHg) | 14 |

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing trace/mild mitral and tricuspid regurgitation is identified. Lack of significant left atrial enlargement indicates the current risk for complication is low. No concurrent issues such as systolic dysfunction or pulmonary hypertension are noted in this study.

REFERRING VET

Dr. Masloski

Systemic hypertension is mentioned in the history which is supported by the findings of moderate LV hypertrophy and a dilated aortic root. Based upon these findings in addition to the reported blood pressure, recommend institute Amlodipine to effect. Target BP <160mmHg. Screening for underlying causes of high blood pressure is highly recommended (renal disease, adrenal tumor, etc.). Screening for proteinuria is recommended as an ACEI may also be needed.

INVOICE
31425

DATE
6/19/23

No cardiac medications are indicated at this time. Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).



PATIENT

Frannie Levin

SPECIES

Canine

BREED

Poodle Mix

SEX

Female Spayed

AGE

14 years

WEIGHT

10.8lbs

INTERPRETED BY

Maggie Machen Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

31425

DATE

6/19/23

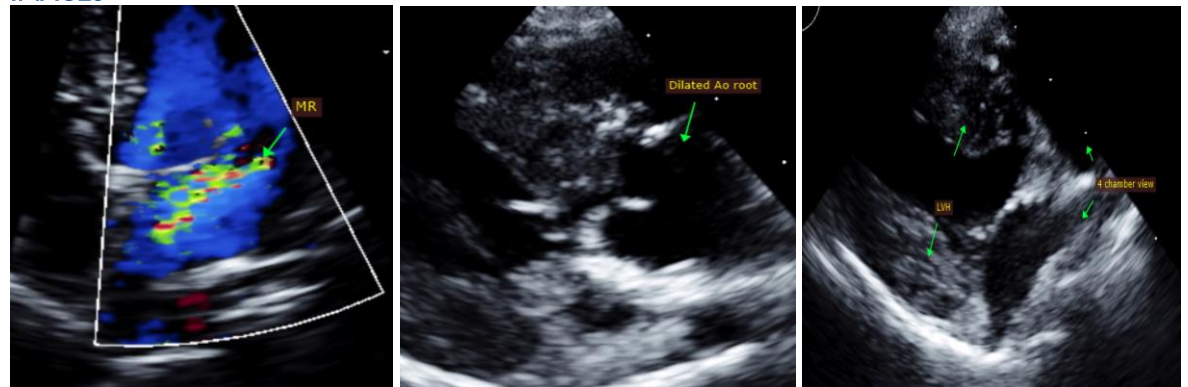
RECOMMENDATIONS

- No medications are indicated.
- Assuming BP is thought to be accurate, institute Amlodipine to effect as discussed and reassess BP in 1-2 weeks; target <160mmHg.
- Screen for underlying causes for SHT, including proteinuria.
- 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

- Recheck BP in 1-2 weeks.
- 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.

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

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