



**PATIENT PRESENTING CLINICAL SIGNS**

**Sadie Senecal**

History: Recheck echo. History chronic valvular disease - Stage B1. Current presentation: Sadie is doing well with no issues. Good appetite and normal activity level. On exam: NSR, grade III/VI murmur with PMI left apical area, PSS, lung fields clear. BP not obtained. ) Denamarin 1/4 tab every other day 2) Apoquel 5.4mg 1/2 tab daily \*Sedated with propofol for study. -Pertinent previous echo findings (11/2/21 Maggie Machen Lamy, DVM, DACVIM-Cardiology): LA 1.7 cm; LA:Ao 1.3; LV 2.5 cm; minimal LA dilation; mild MR; mild TR (1.8 m/s).

**SPECIES**

Canine

**BREED ECHOCARDIOGRAM FINDINGS**

Shih Tzu

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

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

**SEX**

Female Spayed

**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 mild to moderate mitral regurgitation present The MR velocity is normal.

**AGE**

10 years

**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.

**WEIGHT**

12.2lbs

**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.

**Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 130bpm.

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**2-Dimensional Measurements**

|                    |      |
|--------------------|------|
| Ao diam (cm)       | 1.3  |
| LA diam (cm)       | 2.0  |
| LA:Ao (Swe)        | 1.55 |
| IVS thickness (cm) | 0.6  |
| LVID diastole (cm) | 2.5  |
| PW thickness (cm)  | 0.6  |
| LVID systole (cm)  | 1.6  |
| FS (%)             | 35   |

**Doppler Measurements**

|                |      |
|----------------|------|
| PV Vmax (m/s)  | 0.53 |
| AoV Vmax (m/s) | 0.92 |
| MR Vmax (m/s)  | 5.0  |
| TR Vmax (m/s)  | 2.2  |
| TR PG (mmHg)   | 18   |

**IMAGING**

**PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary Services

**REFERRING VET**

Dr. Masloski

**INTERPRETATION OF THE FINDINGS**

Chronic degenerative valve persists with evidence of slight progression. Mild to moderate MR and TR are noted, with mild LAE. The LV is stable in dimension without dilation. No additional issues are identified.

**INVOICE**

24892

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).

**DATE**

6/21/22



**PATIENT**

Sadie Senecal

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Canine

**BREED**

Shih Tzu

**SEX**

Female Spayed

**AGE**

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**WEIGHT**

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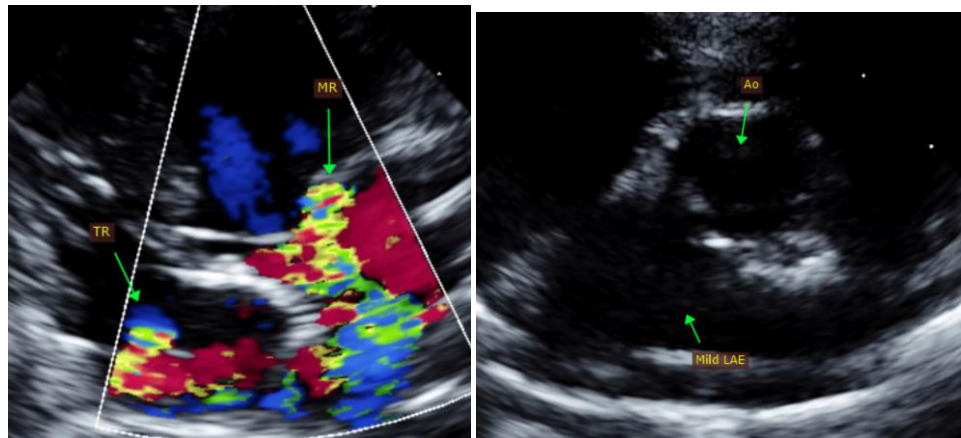
**RECOMMENDATIONS**

- In an asymptomatic dog without significant left atrial enlargement, 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 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: Pamela Harrigan, RDCS  
Pet Animal Ultrasound Service (4paus.com)