



PATIENT PRESENTING CLINICAL SIGNS

Charlie Morrill

History: Recheck echo. History chronic valvular disease - Stage B1. Presently, Charlie is doing well at home with a good appetite and normal activity level. On exam: NSR, grade I-II/VI murmur with PMI left apical area, PSS, lung fields clear, mm pink, moist, CRT < 2. BP: 140 mmHg x 5. *Sedated with propofol for study.
-Pertinent previous echo findings (12/20/22 Cardiac Vet, Inc): LA 3.14 cm; LA:Ao 1.33; LV 3.47 cm; normal chamber sizes, mild-moderate MR, no TR.

SPECIES

Canine

BREED ECHOCARDIOGRAM FINDINGS

Hound Mix

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

SEX

Male Neutered

Left ventricle: The LV diameter is normal with adequate myocardial function. LV wall thicknesses are normal. A small (0.33cm) perimembranous VSD is visualized with complete aneurysmal closure (no flow across the defect).

Left atrium: The left atrium is normal.

Mitral valve: The mitral valve is diffusely thickened with minimal prolapse into the left atrial lumen. Mild eccentric mitral regurgitation with a normal velocity.

AGE

7 years

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.

WEIGHT

49lbs

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

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.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 100bpm.

2-Dimensional Measurements

Doppler Measurements

Ao diam (cm)	2.3
LA diam (cm)	2.8
LA:Ao (Swe)	1.2
IVS thickness (cm)	1.1
LVID diastole (cm)	3.3
PW thickness (cm)	1.3
LVID systole (cm)	2.4
FS (%)	27

PV Vmax (m/s)	0.61
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	5.2
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing mild mitral regurgitation persists without evidence of progression. Lack of significant left atrial enlargement indicates the current risk for complication is low. As an incidental finding, a small VSD is identified with an aneurysmal membrane. The membrane is providing complete closure with no significant flow across the defect. No additional issues are noted in this study.

INVOICE

31574

Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).

DATE

6/27/23



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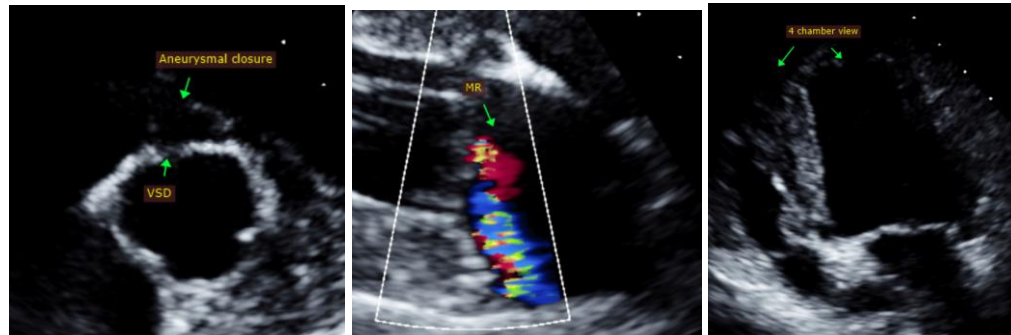
RECOMMENDATIONS

- In a 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 6-12 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
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Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)