



PATIENT

Wilson Niziolek

SPECIES

Canine

BREED

Labrador Retriever

SEX

Male Neutered

AGE

3.7 years

WEIGHT

65.7lbs

PRESENTING CLINICAL SIGNS

History: New grade II/VI basilar systolic murmur heard at annual exam; lungs clear. No clinical signs. BP: 150mmHg.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is normal with adequate myocardial function. LV wall thicknesses are normal. No obvious ridge in the LVOT.

Left atrium: The left atrium is normal.

Mitral valve: The mitral valve is normal, with no prolapse into the left atrial lumen. No mitral regurgitation.

Aortic valve/Aorta: The aortic valve appears mildly thickened. Mildly elevated aortic outflow velocity, 2.59m/s max. No aortic insufficiency.

Right ventricle: The RV is mildly dilated with no obvious RVH.

Right atrium: The RA is mild to moderately dilated.

Tricuspid valve: The tricuspid valve appears thickened with a short tethered anterior leaflet. Apical displacement of the annulus. Mild to moderate tricuspid regurgitation; velocity consistent with mild pulmonary hypertension. Tricuspid stenosis is identified on 2D, color flow and Spectral doppler imaging.

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.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	2.5
LA diam (cm)	2.7
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.75
LVID diastole (cm)	4.0
PW thickness (cm)	0.75
LVID systole (cm)	2.9
FS (%)	29

Doppler Measurements

PV Vmax (m/s)	0.86
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	NA
TR Vmax (m/s)	2.8
TR PG (mmHg)	32

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

INTERPRETATION OF THE FINDINGS

The diagnosis and cause of the murmur is tricuspid valve dysplasia with stenosis. This is a congenital abnormality that is relatively common in this breed. The abnormally formed valve is leading to mild to moderate tricuspid regurgitation and right heart enlargement. The velocity of the leak is suggestive of mildly elevated RV pressure, which should be monitored going forward. The degree of stenosis appears relatively mild; however, follow up on all abnormalities is recommended. No additional issues are identified, and the left heart is normal.

HOSPITAL NAME

Wignall Animal
Hospital

REFERRING VET

Dr. Schuelke

INVOICE

24572

Given what is seen here, no obvious indication for medications at this time. Should any further heart enlargement develop in the future, this may be revisited.

DATE

6/3/22

Prognosis is guarded long-term; however, an incidental finding in a 3-year-old dog is certainly a good start. Patient may be at risk for development of right-sided CHF,



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arrhythmias, and/or sudden death in the future; however, at this point the findings are relatively mild.

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RECOMMENDATIONS

- No cardiac medications are clearly indicated.
- Omega fatty acid supplementation is recommended in any arrhythmic patient. 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.

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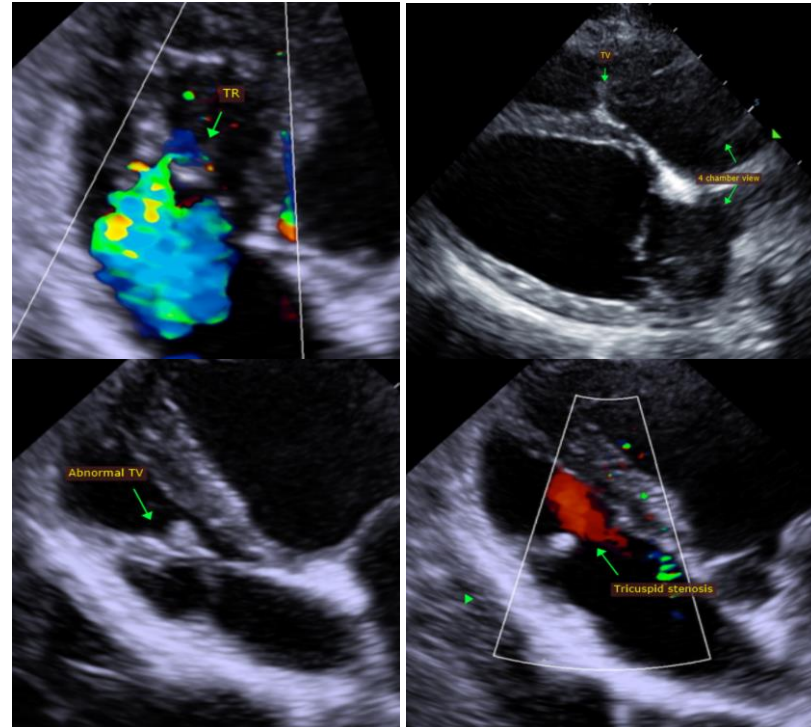
PLAN

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

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IMAGES



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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.

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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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Maggie Machen Lamy, DVM
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info@sonopath.com

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