



PATIENT

Rudolph Clough

SPECIES

Canine

BREED

Beagle

SEX

Male Neutered

AGE

7 years

WEIGHT

56.4lbs

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B1. Currently, doing well at home with no clinical issues. BP: 172, 174, 183 mmHg (stressed).

-Pertinent previous echo findings (1/28/21 Maggie Machen Lamy, DVM, DACVIM-Cardiology): LA 2.8 cm; LA:Ao 1.27; LV 3.6 cm; normal LA/LV sizes; trace-mild MR; no TR.

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.

Left atrium: The left atrium is normal

Mitral valve: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Trace/mild central mitral regurgitation.

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 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.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 120bpm.

INTERPRETED BY

Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	2.2
LA diam (cm)	2.8
LA:Ao (Swe)	1.2
IVS thickness (cm)	1.1
LVID diastole (cm)	3.7
PW thickness (cm)	1.0
LVID systole (cm)	1.8
FS (%)	52

Doppler Measurements

PV Vmax (m/s)	1.0
AoV Vmax (m/s)	1.8
MR Vmax (m/s)	NM
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING

PERFORMED BY

Pamela Harrigan,
 RDCS

INTERPRETATION OF THE FINDINGS

Persistently subclinical disease is identified in this study. Trace/mild mitral regurgitation is unchanged without evidence of progression. No additional issues are identified. Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).

HOSPITAL NAME

Wignall Animal
 Hospital

REFERRING VET

Dr. Thomas

RECOMMENDATIONS

- No cardiac medications are clearly indicated.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- No cardiac contraindication for general anesthesia prior to chamber enlargement.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

INVOICE

25077

DATE

6/30/22



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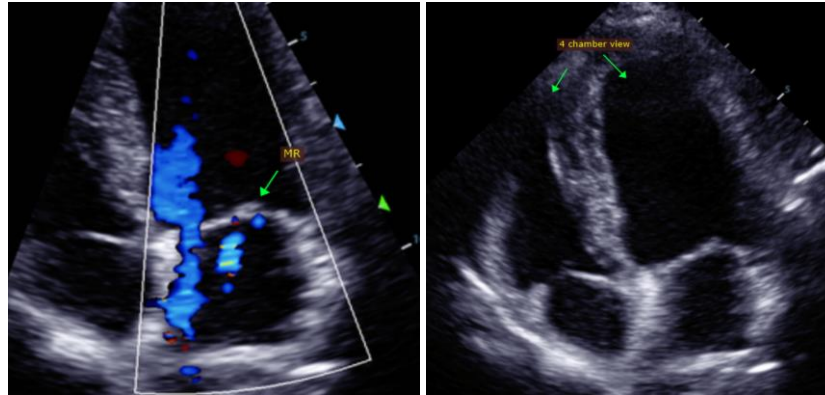
DATE

6/30/22

PLAN

- Recommend conservative monitoring with a recheck echocardiogram annually, sooner if clinical signs arise.

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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