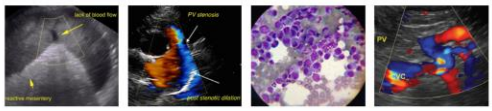


PATIENT
Delaney Lambert

SPECIES
Canine

BREED
Greyhound

SEX
Male Neutered

AGE
11 years

WEIGHT
80lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Eduardo Rodriguez III, RCS

HOSPITAL NAME
Littleton Animal Hospital

REFERRING VET
Dr. Brooks

INVOICE
31638

DATE
6/30/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease- Stage B1. Doing well with no clinical issues. Grade II/VI systolic murmur. BP: 180-190mmHg.
-Pertinent previous echo findings (8/29/22 Nate Deering, DVM, DACVIM-C): LA 4.0 cm, LA:Ao 1.09, LV 5.16 cm, FS 30%, normal chamber sizes, mild MR, no TR. Equivocally increased AoV velocity (2.34 m/s), R/O normal variant vs very mild aortic stenosis. *Sedated with torb/alfaxan.

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. Mild eccentric mitral regurgitation with a normal velocity.
Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Mild aortic insufficiency. Aortic root and ascending segment are markedly dilated.
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 140bpm.

2-Dimensional Measurements

Ao diam (cm)	4.0
LA diam (cm)	3.4
LA:Ao (Swe)	0.85
IVS thickness (cm)	1.4
LVID diastole (cm)	4.8
PW thickness (cm)	1.4
LVID systole (cm)	3.7
FS (%)	25

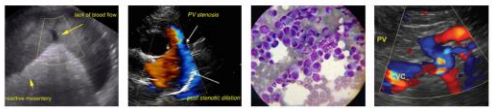
Doppler Measurements

PV Vmax (m/s)	0.64
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	4.96
TR Vmax (m/s)	
TR PG (mmHg)	

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with mild mitral regurgitation. Compared to the prior study, findings are similar without significant LA or LV dilation. The LV function is borderline; however, this is suspected to be secondary to sedation. What is surprising is the aortic root and ascending segment are markedly dilated, which was not mentioned in the prior study. Additionally, the aortic velocity is normal, which was previously mildly elevated. Finally, an aortic leak is noted, which supports systemic hypertension. No additional issues are identified.

The reported BP in the history is elevated, which is supported by these findings. Based upon aortic insufficiency/dilation and the reported blood pressure, recommend institute Amlodipine to effect. Target BP <160mmHg. Screening for underlying causes of high



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blood pressure is highly recommended (renal disease, adrenal tumor, etc.). Screening for proteinuria is recommended as an ACEI may also be needed.
No cardiac medications are indicated. Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).

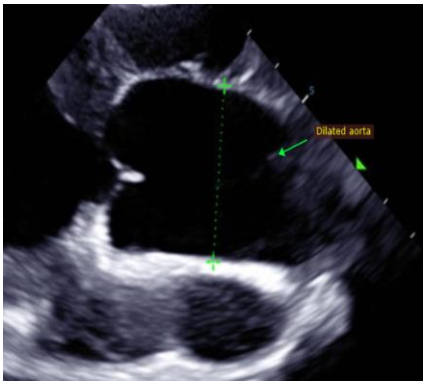
RECOMMENDATIONS

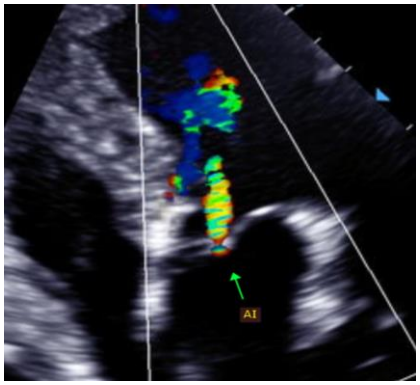
- No medications are indicated.
- Institute Amlodipine to effect as discussed and reassess BP in 1-2 weeks; target <160mmHg.
- Screen for underlying causes for SHT, including proteinuria.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk 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 months, sooner if any development of clinical signs.

IMAGES





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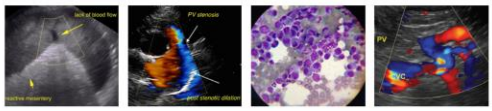

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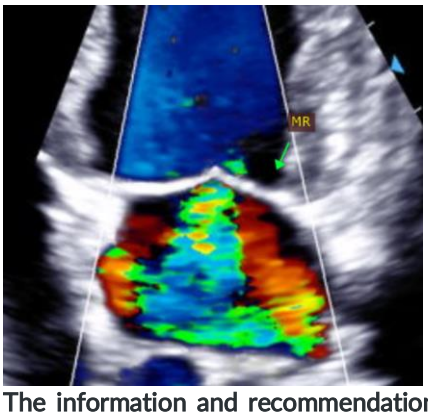

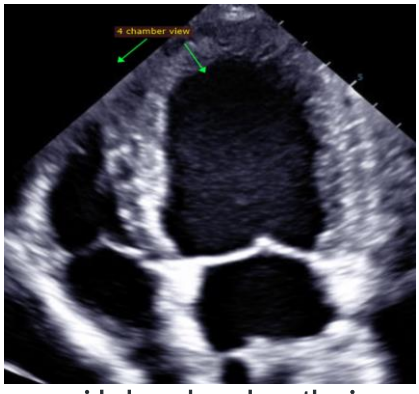

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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: Eduardo Rodriguez III, RCS
Pet Animal Ultrasound Service (4paus.com)