



PATIENT

Caspar Johnson

SPECIES

Canine

BREED

Miniature Poodle

SEX

Male Neutered

AGE

16 years

WEIGHT

7.9lbs

PRESENTING CLINICAL SIGNS

History: History systemic hypertension controlled on Amlodipine 2.5 mg, 1/2-tab SID and Enalapril 2.5mg, 1/2-tab BID. Grade II/VI systolic murmur, left sternal border. Recent thoracic radiographs show right ventricular enlargement. BP: 154mmHg (Doppler)

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.

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

Right ventricle: Mild RV enlargement with mild hypertrophy.

Right atrium: Minimal RA enlargement.

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. The MPA is prominent with minimal branch dilation.

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)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

VCA Hanson Animal
Hospital

REFERRING VET

Dr. Finney

INVOICE

24695

DATE

6/9/22

2-Dimensional Measurements

Ao diam (cm)	1.1
LA diam (cm)	1.3
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.6
LVID diastole (cm)	1.8
PW thickness (cm)	0.6
LVID systole (cm)	0.6
FS (%)	70

Doppler Measurements

PV Vmax (m/s)	0.98
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	NM
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing mild mitral regurgitation. Early PAH is suspected, which is of unknown significance in an asymptomatic dog. Lack of significant left atrial enlargement indicates the current risk for complication is low. No evidence of chronic hypertension is seen such as LVH or AI. No concurrent issues such as systolic dysfunction are noted in this study.

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

Pulmonary hypertension typically develops secondary to chronic respiratory disease. If any symptoms of coughing or labored breathing are noted in the future, these should be addressed as indicated.



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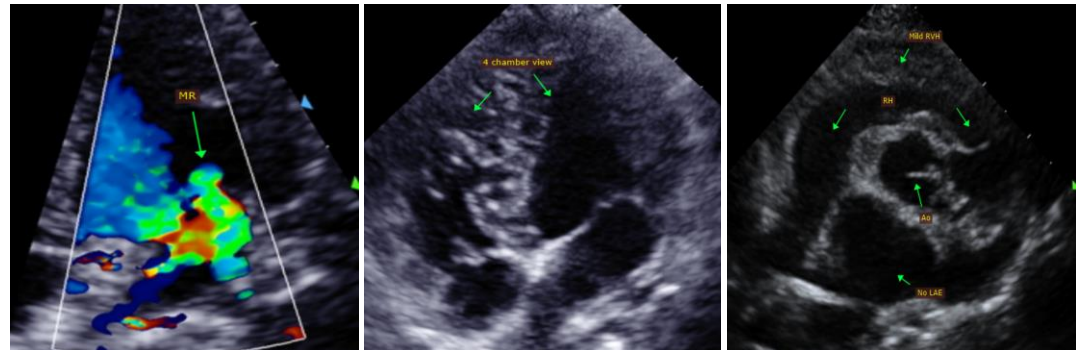
RECOMMENDATIONS

- 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 (pre-medicate with a vagolytic due to the history) 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.
- 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.

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