



PATIENT

Daisy Hall

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Female Spayed

AGE

7 years

WEIGHT

20.5lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

31797

DATE

7/11/23

PRESENTING CLINICAL SIGNS

History: Daisy was seen the end of December for dyspnea. She was noted to have a severely collapsed trachea and is set to have this surgically addressed. No coughing or labored breathing. She is eating well with normal activity. On exam: NSR, no murmurs noted, PSS lung fields clear, mm pink moist, CRT<2. BP: 260mmHg x 3 Current medications: 1) Hydrocodone with homatropine 5mg 1/2-1 tab prn---has only received once 2) Today: dispense amlodipine 2.5mg 1/2 tab daily 3) recheck blood pressure in 1-2 weeks *No sedation for study.

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 normal.

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

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Mildly elevated 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 trace tricuspid regurgitation. Normal velocity.

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)	1.5
LA diam (cm)	1.75
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.8
LVID diastole (cm)	2.8
PW thickness (cm)	0.8
LVID systole (cm)	1.6
FS (%)	44

Doppler Measurements

PV Vmax (m/s)	0.9
AoV Vmax (m/s)	2.1
MR Vmax (m/s)	NM
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Overtly normal cardiac dimensions and function, with no obvious dysfunction or dilation of the left heart. Trace MR may reflect early valve disease and follow up is advised should a murmur be ausculted in the future. No other significant valvular leaks are visualized, and no evidence of pulmonary hypertension. A mildly elevated aortic outflow velocity is noted, and baseline lab work would be reasonable. No additional issues are identified.

No cardiac medications are indicated at this time as the respiratory signs are non-cardiac in origin. Continued work up for infectious/inflammatory respiratory causes is recommended if the cough persists/recurs. Chronic respiratory signs can lead to pulmonary hypertension if poorly controlled and monitoring at home is advised for exertional syncope or dyspnea.



PATIENT

The BP is severely elevated, and treatment was initiated. Follow up as dictated by IM.

Daisy Hall

RECOMMENDATIONS

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

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PLAN

- A recheck echocardiogram is recommended should a murmur or signs of progressive PAH be noted in the future.

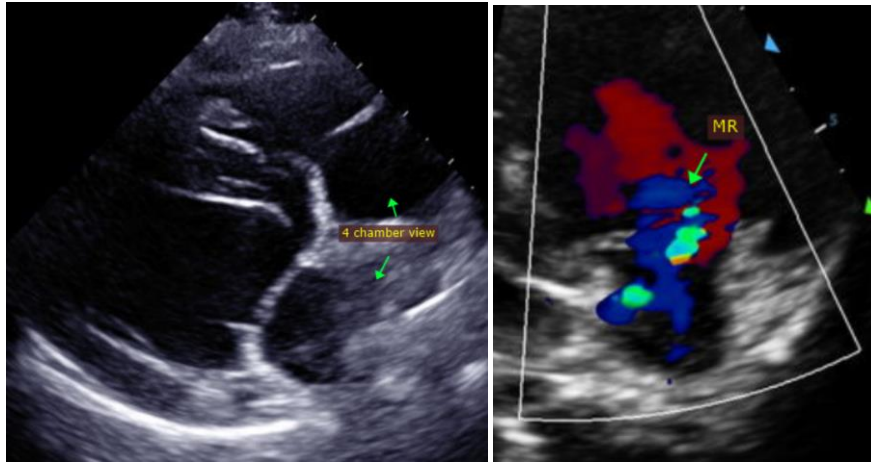
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Lamy, DVM
DACVIM (Cardiology)

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.

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

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.

HOSPITAL NAME

Mass Veterinary Services

Maggie Machen Lamy, DVM
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info@sonopath.com

REFERRING VET

Dr. Masloski

Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)

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