



**PATIENT**

Keno Babaletos

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Male Neutered

**AGE**

12 years

**WEIGHT**

10.1lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING**

**PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Wignall Animal  
Hospital

**REFERRING VET**

Dr. Colella

**INVOICE**

25318

**DATE**

7/14/22

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History chronic valvular disease - Stage B1. Currently, doing well with no clinical issues. Echocardiogram prior to anesthesia for dental prophy. Grade II/VI systolic murmur. BP: 120mmHg.

-Pertinent previous echo findings (4/22/21 Maggie Machen Lamy, DVM, DACVIM-Cardiology): LA 1.5 cm; LA:Ao 1.2; LV 2.0 cm; normal LA/LV sizes; mild MR; trace TR (2.6 m/s).

**ECHOCARDIOGRAM FINDINGS**

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

**Left ventricle:** The LV diameter is slightly decreased with adequate myocardial function. LV wall thicknesses are mildly increased.

**Left atrium:** The left atrium is mildly dilated.

**Mitral valve:** The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Mild central mitral regurgitation with a normal velocity.

**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 mild tricuspid regurgitation. Velocity consistent with early pulmonary hypertension.

**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.

**2-Dimensional Measurements**

|                    |     |
|--------------------|-----|
| Ao diam (cm)       | 1.2 |
| LA diam (cm)       | 1.9 |
| LA:Ao (Swe)        | 1.5 |
| IVS thickness (cm) | 0.8 |
| LVID diastole (cm) | 1.8 |
| PW thickness (cm)  | 0.8 |
| LVID systole (cm)  | 0.6 |
| FS (%)             | 68  |

**Doppler Measurements**

|                |     |
|----------------|-----|
| PV Vmax (m/s)  | 1.0 |
| AoV Vmax (m/s) | 1.6 |
| MR Vmax (m/s)  | 5.1 |
| TR Vmax (m/s)  | 3.2 |
| TR PG (mmHg)   | 42  |

**INTERPRETATION OF THE FINDINGS**

Chronic degenerative valve disease persists with evidence of mild progression. While mild mitral regurgitation is unchanged, the left atrial dimension is slightly increased comparatively. Additionally, the LV is actually decreased in size with mild hypertrophy. These findings are most consistent with pseudohypertrophy, and baseline lab work is recommended. Finally, mild pulmonary hypertension has developed, which is of unknown significance in an asymptomatic dog. No additional issues are identified.

No medications remain indicated. Continue assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).



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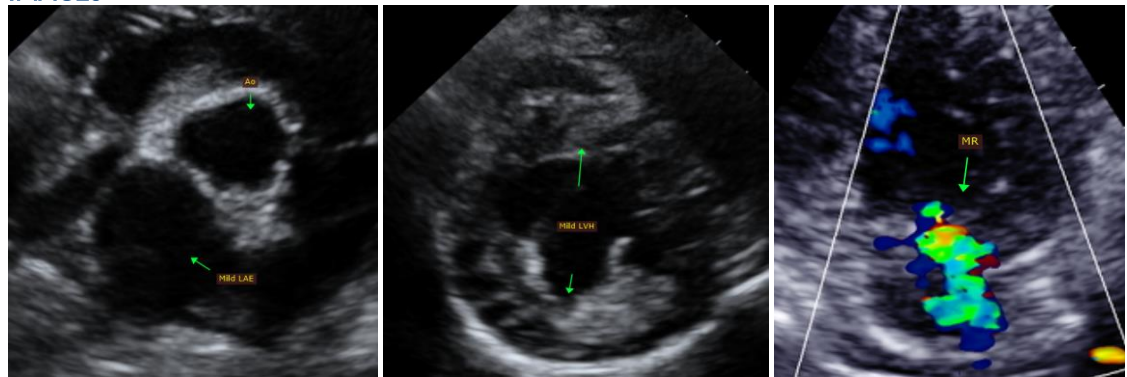
**RECOMMENDATIONS**

- No cardiac medications are clearly indicated.
- Baseline lab work is recommended. Screen for volume depletion.
- 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.

**PLAN**

- Recommend conservative monitoring with a recheck echocardiogram in 6 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.

Maggie Machen Lamy, DVM  
 Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
 info@sonopath.com