



PATIENT

Eli Parent

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Male Neutered

AGE

12 years

WEIGHT

25.4lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2, with stable disease on prior study. Eli is doing well - good energy and appetite. No exercise intolerance or labored breathing. On exam: NSR, grade IV/VI murmur with PMI left apical area, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 160-170 mmHg. Current medications: 1) Pimobendan/vetmedin 5mg 1/2 tab twice a day 2) Enalapril 2.5mg 1.5 tabs twice a day 3) Ursodiol 250mg 1/2 tab with food daily 4) Metronidazole 250mg 1/2 tab twice a day *No sedation for study. -Pertinent previous echo findings (1/17/23 MML): LA 2.5 cm, LA:Ao 1.7, LV 2.9 cm; moderate LAE, mild LVE, mild-moderate MR, no TR, mild sub-aortic narrowing with mildly elevated LVOT Vmax of 2.7 m/s.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is mildly increased with adequate function. LV wall thicknesses are normal.

Left atrium: The left atrium is moderately dilated.

Mitral valve: The mitral valve is diffusely thickened with minimal prolapse into the left atrial lumen. Mild to moderate eccentric mitral regurgitation with a normal velocity.

Aortic valve/Aorta: Mild sub-aortic narrowing is noted. 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 mildly thickened with no obvious 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 130bpm.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

31862

DATE

7/17/23

2-Dimensional Measurements

Ao diam (cm)	1.6
LA diam (cm)	2.6
LA:Ao (Swe)	1.6
IVS thickness (cm)	0.8
LVID diastole (cm)	2.7
PW thickness (cm)	0.9
LVID systole (cm)	1.4
FS (%)	48

Doppler Measurements

PV Vmax (m/s)	1.0
AoV Vmax (m/s)	2.4
MR Vmax (m/s)	5.6
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Compared to the prior study, findings are similar. No progressive left heart enlargement is seen with persistently moderate MR. The right heart remains normal, and no additional issues are identified.

Given these findings, continue medications as previously recommended. Prognosis remains guarded.



PATIENT

Eli Parent

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Male Neutered

AGE

12 years

WEIGHT

25.4lbs

INTERPRETED BY

Maggie Machen Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

31862

DATE

7/17/23

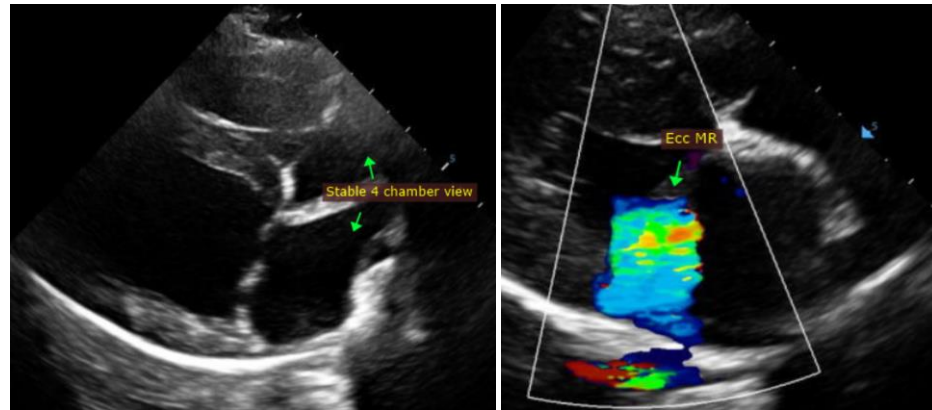
RECOMMENDATIONS

- Continue Pimobendan and Enalapril as prescribed.
- 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

- Recommend conservative monitoring with a recheck echocardiogram in 6-9 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

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