



PATIENT

Lola Quirk

SPECIES

Canine

BREED

Cavalier

SEX

Female Spayed

AGE

11 years

WEIGHT

27.9lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

31865

DATE

7/17/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Presently, Lola has been slowing down a bit but still swims and is active at home. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 130 mmHg x 4. Current presentation: 1) Dasaquin 1/2 tab daily 2) Pimobendan/vetmedin 3.7.5mg 1 tab twice a day *Sedated with propofol for study.
-Pertinent previous echo findings (11/16/22 MML): LA 3.0 cm, LA:Ao 1.7, LV 3.1 cm; moderate LAE, moderate MR, mild TR (2.8 m/s mildly elevated).
*After administration of a small amount of propofol, Lola became cyanotic and then stopped breathing. She was intubated and given oxygen, and improved prior to the study.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 25mm/s; 10mm/mV. The average heart rate is 100bpm (range 75-125bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. The P wave morphology is positive with a normal dimension. Normal PR. The QRS is inverted. The MEA is shifted right. No ectopic beats, pauses or dysrhythmias observed. ECG diagnosis: Normal sinus rhythm with respiratory variation. Right axis deviation. *A 2nd ECG is submitted during the anesthetic event. The average heart rate is 45bpm with periods of sinus arrest. No additional changes are noted.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is borderline 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 mild prolapse into the left atrial lumen. Severe 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. Trivial aortic insufficiency.
Right ventricle: Normal right ventricular diameter and morphology.
Right atrium: Normal RA dimension.
Tricuspid valve: The tricuspid valve appears thickened with mild 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.

2-Dimensional Measurements

Ao diam (cm)	2.0
LA diam (cm)	3.1
LA:Ao (Swe)	1.6
IVS thickness (cm)	0.7
LVID diastole (cm)	3.2
PW thickness (cm)	0.8
LVID systole (cm)	1.9
FS (%)	42

Doppler Measurements

PV Vmax (m/s)	0.4
AoV Vmax (m/s)	0.95
MR Vmax (m/s)	5.2
TR Vmax (m/s)	2.3
TR PG (mmHg)	21



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INTERPRETATION OF THE FINDINGS

Compared to the prior study, findings are similar. The MR is quantitatively increased; however, the left heart dimension are unchanged. Previously noted early PAH is not present and no additional issues are identified.

Given these findings, continued Pimobendan is recommended as below. Assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).

The ECG is largely unremarkable, although a right axis deviation is noted. In the absence of right heart disease, this is likely a normal variant that is benign and does not warrant therapy. The ECG during the anesthetic event shows bradycardia, which is not unexpected with Propofol administration. No conduction issue is suspected to be the cause of the episode.

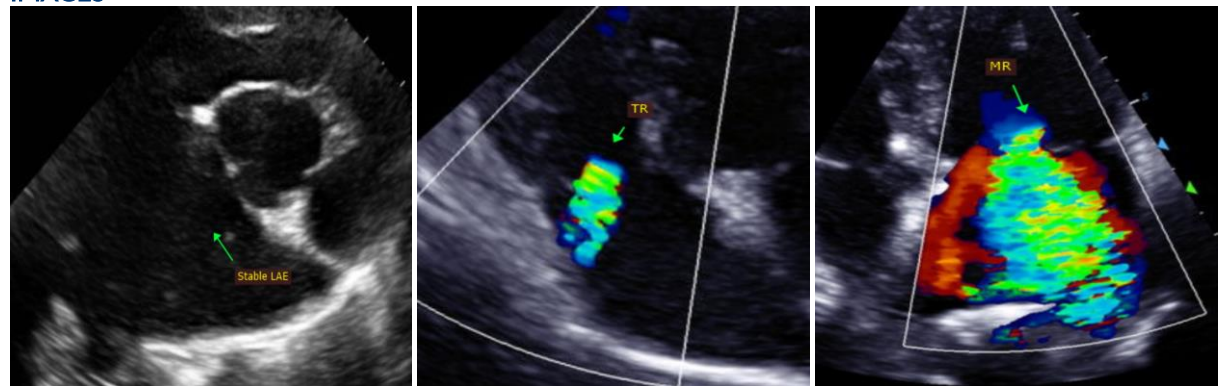
RECOMMENDATIONS

- Continue Pimobendan 0.3mg/kg PO q12h.
- 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 months, sooner if any development of clinical signs.

IMAGES





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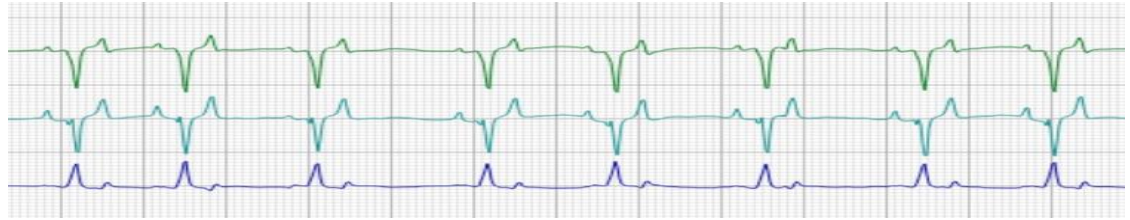
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

AGE

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

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

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