



PATIENT

Allie Dietschler

SPECIES

Canine

BREED

Wheaten Terrier

SEX

Female Spayed

AGE

10 years

WEIGHT

49.5lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

31924

DATE

7/18/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History increased flow velocity through LVOT/aortic valve. Presently, Allie is eating well with decreased activity level. She sleeps more and does not care to go outside. No C/S/V/D/PU/PD. Pants when anxious. On exam: Grade II/VI systolic murmur, normal lung sounds, PSS. BP: 200-220 mmHg. Currently, no medications *Sedated with propofol for study.

-Pertinent previous echo findings (2/9/21 MML): LA 2.6 cm; LA:Ao 1.0, LV 4.0 cm; normal chamber sizes, trace MR, trace TR, LVOT Vmax 1.8 m/s.

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 mildly increased.

Left atrium: The left atrium is normal.

Mitral valve: The mitral valve is normal with trace MR.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity. Trace aortic insufficiency. The aortic root and ascending segment appear prominent.

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 no 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 obvious cardiac shunts. 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)	2.1
LA diam (cm)	2.4
LA:Ao (Swe)	1.1
IVS thickness (cm)	1.4
LVID diastole (cm)	3.1
PW thickness (cm)	1.4
LVID systole (cm)	2.1
FS (%)	33

Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	NM
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

The most significant findings include LV hypertrophy with aortic insufficiency and a prominent aorta, which are likely secondary to reported systemic hypertension. Development of the is phenomenon may have led to normalization of the aortic outflow velocity in this case. Regardless, what is seen here is significant and treatment is warranted as below. Trace MR may reflect early valve disease and follow up is recommended. No additional issues identified.

These findings support pathologic systemic hypertension and institution of vasodilator therapy is certainly warranted. Additionally, screening for underlying causes is recommended. Follow up as dictated by Internal Medicine.



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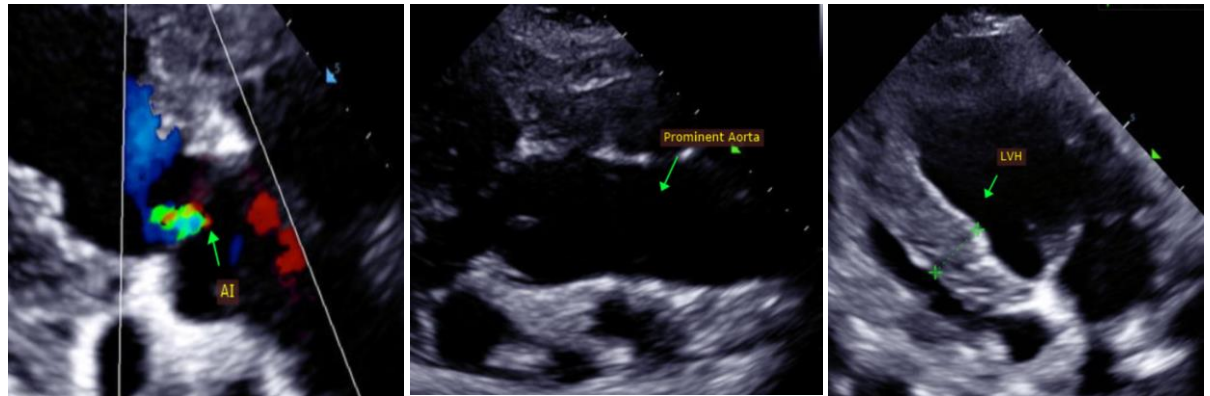
RECOMMENDATIONS

- Institute vasodilator therapy and screen as indicated
- No cardiac contraindication for general anesthesia.
- Monitor for development of a murmur, cough, labored breathing, exercise intolerance or collapse episodes.

PLAN

- Recommend a recheck echocardiogram in 1 year to screen for progressive/regression.

IMAGES



INTERPRETED BY

Maggie Machen 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.

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.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

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HOSPITAL NAME

Mass Veterinary Services

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

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