



PATIENT

Shelly Strohman

SPECIES

Canine

BREED

Maltese

SEX

Female Spayed

AGE

8.4 years

WEIGHT

8.82lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Anchor Animal
Hospital

REFERRING VET

Dr. Pietsch

PRESENTING CLINICAL SIGNS

History: Patient was recently adopted from TX. On wellness exam she had an arrhythmia with an intermittent grade II/VI mitral murmur w/ weak non- synchronous pulses. Labs wnl. Normal ProBNP HW neg. IDEXX ECQ consult sinus arrhythmia. BP: 180-190mmHg. *Sedated with Trazadone.

ELECTROCARDIOGRAPHIC FINDINGS

A six lead ECG is available at 25mm/s; 20mm/mV. The average heart rate is 135bpm (range 107-170bpm). 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 morphology is positive with normal dimension. MEA is normal. Occasional single APCs. No ventricular ectopic beats, pauses or other dysrhythmias observed. ECG diagnosis: Normal sinus rhythm with respiratory variation. Isolated APCs.

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 is normal.

Mitral valve: The mitral valve is diffusely thickened with mild prolapse into the left atrial lumen. Moderate 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. 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 no tricuspid regurgitation.

Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow. The right branch of the MPA is enlarged from multiple views.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

2-Dimensional Measurements

Ao diam (cm)	1.1
LA diam (cm)	1.6
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.6
LVID diastole (cm)	2.0
PW thickness (cm)	0.6
LVID systole (cm)	0.8
FS (%)	59

Doppler Measurements

PV Vmax (m/s)	0.9
AoV Vmax (m/s)	1.5
MR Vmax (m/s)	6.3
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing moderate mitral regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. The right branch of the MPA does appear enlarged from multiple views. This can be seen from a prior heartworm infestation, can be a normal variant or may suggest early pulmonary hypertension. Simple monitoring is recommended. No additional issues are identified.

INVOICE

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The ECG is primarily normal with suspected respiratory variation. There are however occasional APCs, which are likely stress-induced in an otherwise healthy dog. No treatment is warranted based upon the mild nature of the finding. Monitor for signs of sustained arrhythmias, such as acute collapse or lethargy.

Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).

RECOMMENDATIONS

- No cardiac medications are clearly indicated.
- 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.

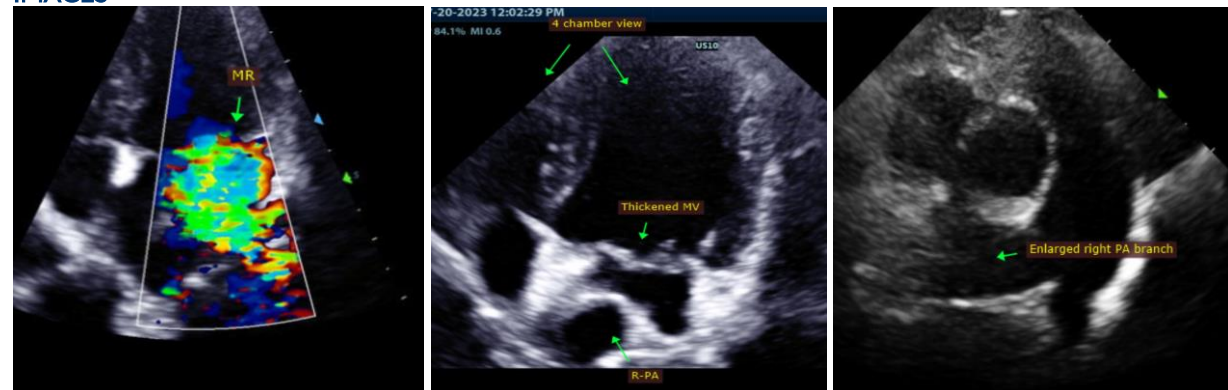
PLAN

- Recommend conservative monitoring with a recheck echocardiogram and ECG in 6 months, sooner if any development of clinical signs.

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Maggie Machen Lamy, DVM
 DACVIM (Cardiology)

IMAGES



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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.

DATE

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Maggie Machen Lamy, DVM
 Diplomate of the American College of Veterinary Internal Medicine (Cardiology)



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Shelly Strohman

info@sonopath.com

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

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