



PATIENT

Monkey Shaw

SPECIES

Canine

BREED

Pomeranian

SEX

Female Spayed

AGE

14 years

WEIGHT

4.31lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Currently, Monkey is beginning to lose some bowel control when she get stressed. Became hyporexic after death of resident cat. He is presently eating well with normal activity for a canine of her years. On exam; NSR, grade III/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear, no cough with tracheal pressure. BP: unable to obtain

Current medications: 1) Pimobendan 1.25mg 1/2 tab twice a day 2) Enalapril 2.5mg 1/2 tab twice a day *Sedated with alfaxalone for study.

-Pertinent previous echo findings (8/24/21 Maggie Machen Lamy, DVM, DACVIM-Cardiology): LA 1.6 cm; LA:Ao 1.6; LV 1.9 cm; mild LAE; mild-moderate MR; moderate TR (3.1 m/s; 40 mmHg); mild pulmonary hypertension.

ECHOCARDIOGRAM FINDINGS

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

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

Left atrium: The left atrium is mild to moderately dilated.

Mitral valve: The mitral valve is diffusely thickened with prolapse into the left atrial lumen. Mild eccentric mitral regurgitation.

Aortic valve/Aorta: The aortic valve is thickened with no evidence of stenosis. Normal aortic outflow velocity; laminar flow. Mild aortic insufficiency. The aortic root appears prominent.

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: Mild RA enlargement.

Tricuspid valve: The tricuspid valve appears thickened with moderate tricuspid regurgitation.

Pulmonary valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency.

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

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 150bpm with periods of tachycardia.

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.6
LA:Ao (Swe)	1.6
IVS thickness (cm)	0.69
LVID diastole (cm)	1.3
PW thickness (cm)	0.65
LVID systole (cm)	0.46
FS (%)	65

Doppler Measurements

PV Vmax (m/s)	0.52
AoV Vmax (m/s)	0.92
MR Vmax (m/s)	NM
TR Vmax (m/s)	NM
TR PG (mmHg)	NM

INTERPRETATION OF THE FINDINGS

Compared to the prior study, the left atrium is unchanged with mild mitral regurgitation. Mild right atrial enlargement has developed; however, the TR is similar to previous as well. Of potentially greater concern, the LV appears decreased in size with evidence of mild hypertrophy. This may reflect pseudohypertrophy or true pressure overload. Baseline lab

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work and blood pressure are strongly recommended, particularly in light of an aortic insufficiency. No additional issues are identified.

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Given that the patient is doing well at home, continue two medications as prescribed pending lab work results.

BREED
Pomeranian

Prognosis is guarded long-term, although overall the patient has done well thus far.

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Female Spayed

RECOMMENDATIONS

- Continue Pimobendan and Enalapril as prescribed.
- Baseline lab work and BP are strongly recommended as discussed.
- Ensure adequate cough control as needed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is considered mildly elevated 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.

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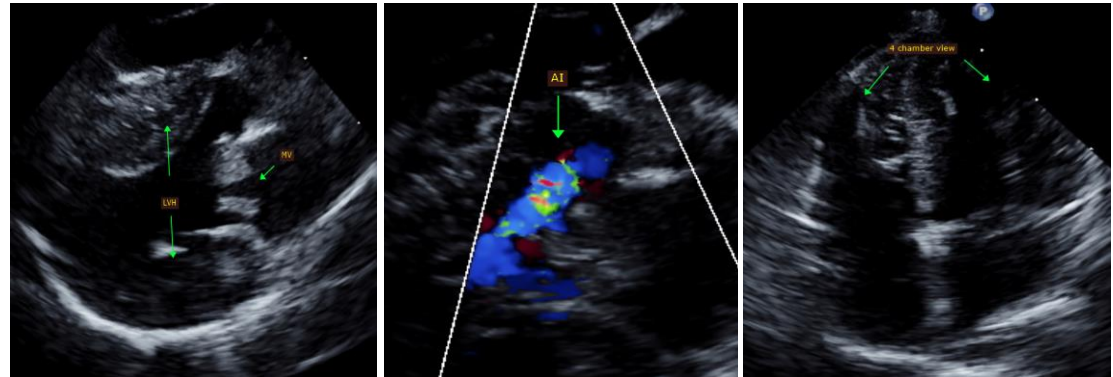
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Lamy, DVM
DACVIM (Cardiology)

PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 6-12 months, sooner if any development of clinical signs.

IMAGES



IMAGING PERFORMED BY
Pamela Harrigan,
RDCS

HOSPITAL NAME
Mass Veterinary Services

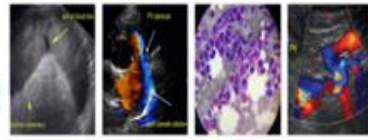
REFERRING VET
Dr. Masloski

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.

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Monkey Shaw

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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