



PATIENT

Jimbo Morgan

SPECIES

Canine

BREED

Cockapoo

SEX

Male Neutered

AGE

14 years

WEIGHT

24.8lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Airport Animal
Hospital

REFERRING VET

Dr. Gudluru

INVOICE

20461

DATE

8/10/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease. Current presentation: Jimbo presented with anorexia, pyrexia, and lethargy. Has a painful, erythematous mammary mass that needs removal. Is on Amlodipine for hypertension. BP: 180mmHg.
-Pertinent previous echo findings (1/13/20 MML): LA 1.96 cm; LA:Ao 1.29; LV 2.39 cm; mild MR; mild TR (3.1 m/s); mild PHTN; mild LAE.

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 mildly dilated.

Mitral valve: The mitral valve is diffusely thickened with mild prolapse into the left atrial lumen. Mild 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 mild tricuspid regurgitation; moderately elevated velocity consistent with pulmonary hypertension.

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 120bpm.

2-Dimensional Measurements

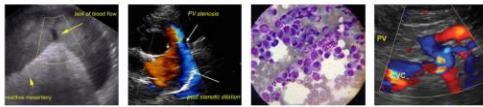
Ao diam (cm)	1.6
LA diam (cm)	2.0
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.7
LVID diastole (cm)	2.6
PW thickness (cm)	0.8
LVID systole (cm)	1.3
FS (%)	50

Doppler Measurements

PV Vmax (m/s)	0.93
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	5.7
TR Vmax (m/s)	4.5
TR PG (mmHg)	52

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists without evidence of significant progression. Mild mitral and tricuspid regurgitation are unchanged with minimal left heart changes. The pulmonary hypertension is slightly progressed; however, the patient does not appear clinical for this finding. No additional issues are noted in this study. Assessment of progression in the future will help predict long term prognosis which remains highly variable at this stage (B1).



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The BP was previously severely elevated and appears reasonable today. Ideally, when the patients' clinical signs have resolved, it would be ideal for this value to be further decreased; however, I would not make any changes at this time.

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RECOMMENDATIONS

- Reassess BP once current clinical issues have resolved. Target is <160mmHg in hospital.
- 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.

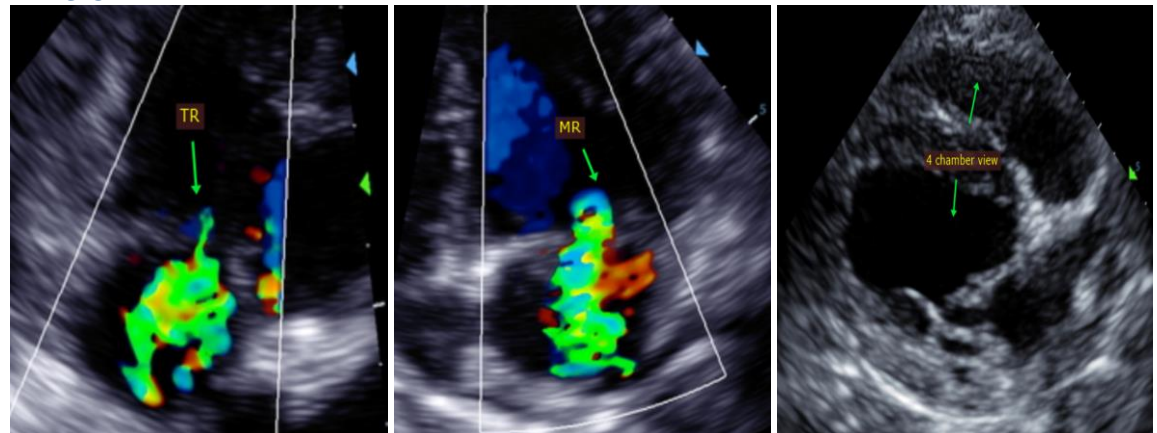
PLAN

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

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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.

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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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