



PATIENT

Sergio Burke

SPECIES

Canine

BREED

Bichon Frise

SEX

Male Neutered

AGE

15 years

WEIGHT

15.1lbs

PRESENTING CLINICAL SIGNS

History: Sergio was noted to have a heart murmur in December. Needs dental procedure. No respiratory issues or cough. Weak in the hind limbs and bothered by bright lights. Some balance loss and jerky movements. On exam: NS grade III/VI murmur with PMI left apical are PS lung fields. BP: 200mmHg x 4, 210mmHg x 1. *Sedated with alfaxalone for study.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is normal with mild symmetrical hypertrophy and adequate function.

Left atrium: The left atrium is normal.

Mitral valve: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Mild mitral regurgitation.

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Trace aortic insufficiency. Aortic root is mildly dilated.

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. Mildly increased RVOT velocity with a dynamic profile seen on color flow and Spectral imaging.

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

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 140bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	2.0
LA diam (cm)	1.4
LA:Ao (Swe)	0.7
IVS thickness (cm)	0.7
LVID diastole (cm)	1.8
PW thickness (cm)	0.74
LVID systole (cm)	0.9
FS (%)	50

Doppler Measurements

PV Vmax (m/s)	2.1
AoV Vmax (m/s)	0.96
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing mild mitral regurgitation is identified. Lack of significant left atrial enlargement indicates the current risk for complication is low. There is also a dynamic RVOT obstruction, which is uncommon in dogs. Consider lab work if not recently assessed as volume depletion can lead to the phenomenon. No additional concurrent issues such as systolic dysfunction or pulmonary hypertension are noted in this study.

INVOICE

25695

DATE

8/10/22

Systemic hypertension is mentioned in the history, which is supported by the findings of mild LVH, an aortic leak and aortic root dilation. Based upon these findings in addition to the reported blood pressure, recommend institute Amlodipine to effect. Target BP <160mmHg. Screening for underlying causes of high blood pressure is highly recommended (renal disease, adrenal tumor, etc.). Screening for proteinuria is recommended as an ACEI may also be needed.

No cardiac medications are indicated. Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).



PATIENT

Sergio Burke

SPECIES

Canine

BREED

Bichon Frise

SEX

Male Neutered

AGE

15 years

WEIGHT

15.1lbs

INTERPRETED BY

Maggie Machen Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

25695

DATE

8/10/22

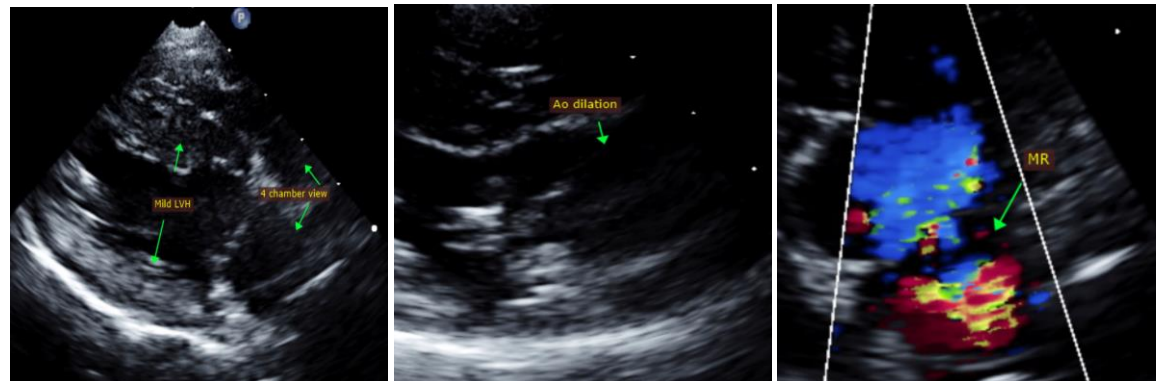
RECOMMENDATIONS

- No medications are indicated.
- Baseline lab work recommended.
- Institute Amlodipine to effect as discussed and reassess BP in 1-2 weeks; target <160mmHg.
- Screen for underlying causes for SHT, including proteinuria.
- 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

- Recheck BP in 1-2 weeks.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

IMAGES



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.

Maggie Machen Lamy, DVM

Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

Echocardiogram performed by:

Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)