



**PATIENT**

Beaux Carr

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

Male Neutered

**AGE**

9 years

**WEIGHT**

17.8lbs

**PRESENTING CLINICAL SIGNS**

History: New grade II/VI systolic murmur. No clinical signs. Needs dental prophylaxis. BP: 80-90mmHg.

**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 mildly thickened with no 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; normal velocity.

**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 100bpm.

**INTERPRETED BY**

Maggie Machen  
 Lamy, DVM  
 DACVIM (Cardiology)

**2-Dimensional Measurements**

Ao diam (cm)	1.5
LA diam (cm)	1.8
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.7
LVID diastole (cm)	2.2
PW thickness (cm)	0.7
LVID systole (cm)	1.6
FS (%)	30

**Doppler Measurements**

PV Vmax (m/s)	0.5
AoV Vmax (m/s)	1.0
MR Vmax (m/s)	5.3
TR Vmax (m/s)	2.6
TR PG (mmHg)	28

**IMAGING**

**PERFORMED BY**

Pamela Harrigan,  
 RDCS

**INTERPRETATION OF THE FINDINGS**

The cause of the murmur is chronic degenerative valve disease causing mild mitral and tricuspid regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. No concurrent issues such as systolic dysfunction or pulmonary hypertension are noted in this study. Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).

**HOSPITAL NAME**

Mendon Animal Clinic

**REFERRING VET**

Dr. Cervasio

The BP is quite low for a healthy dog in hospital. Consider reassess prior to anesthesia. If persistently hypotensive, systemic evaluation is advised.

**INVOICE**

32288

**RECOMMENDATIONS**

- In an asymptomatic dog without significant left atrial enlargement, no cardiac medications are clearly indicated.
- Reassess BP as discussed.

**DATE**

8/10/23



**PATIENT**

Beaux Carr

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

Male Neutered

**AGE**

9 years

**WEIGHT**

17.8lbs

**INTERPRETED BY**

Maggie Machen  
 Lamy, DVM  
 DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
 RDCS

**HOSPITAL NAME**

Mendon Animal Clinic

**REFERRING VET**

Dr. Cervasio

**INVOICE**

32288

**DATE**

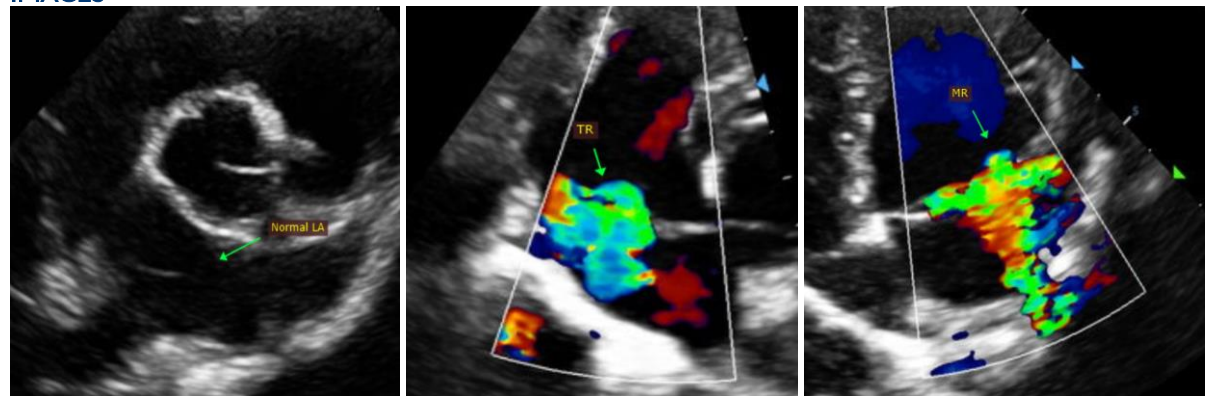
8/10/23

- 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 6-12 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  
 Diplomat of the American College of Veterinary Internal Medicine (Cardiology)  
 info@sonopath.com

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



**PATIENT**

Beaux Carr

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

Male Neutered

**AGE**

9 years

**WEIGHT**

17.8lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING  
PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mendon Animal Clinic

**REFERRING VET**

Dr. Cervasio

**INVOICE**

32288

**DATE**

8/10/23