



PATIENT

Valak Normandie

SPECIES

Canine

BREED

Dutch Shepherd

SEX

Male Intact

AGE

4.5 years

WEIGHT

70.3lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDMS

HOSPITAL NAME

Mass Veterinary
Specialty Services

REFERRING VET

Dr. Masloski

INVOICE

20495

DATE

8/11/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. History mild LAE/LVE noted on prior echocardiogram performed for cardiomegaly noted on radiographs (query normal variant). Elevated blood pressures also noted. Current presentation: Valak has had some random coughing since being on prednisone for his skin (pred discontinued in February). He continues to be pruritic. His activity level is normal, but he does seem to get hot/overheat easily. Presently eating a raw diet---family tried to change him to kibble but he developed diarrhea. He is also on Honest Kitchen which is not grain-free. CV/RESP: NSR, no murmurs noted, PSS, lung fields clear. BP: 200mmHg x 5. -Pertinent previous echo findings (1/13/21 MML): LA 3.4 cm; LA:Ao 1.3; LV 5.0 cm. *Sedated with propofol to effect.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is normal in dimension with adequate myocardial function. LV wall thicknesses are normal.

Left atrium: The left atrium is normal.

Mitral valve: The mitral valve is normal with no prolapse into the left atrial lumen. Mild anterior-directed mitral regurgitation. 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.

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)	2.8
LA diam (cm)	3.2
LA:Ao (Swe)	1.1
IVS thickness (cm)	1.1
LVID diastole (cm)	4.1
PW thickness (cm)	1.1
LVID systole (cm)	2.7
FS (%)	34

Doppler Measurements

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	5.1
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Interesting case. Previously noted LA and LV dilation are slightly improved comparatively which is difficult to explain in the absence of prior fluid therapy. One concerning finding is the development of a small mitral leak, which should be monitored going forward. No additional issues identified.

The reported blood pressure remains elevated at 200mmHg. Given that this is a persistent finding. If this is thought to be accurate, I would consider treating with Amlodipine at this



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point. If the patient is highly stressed in hospital, then simple monitoring may be reasonable.

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Prognosis is open given the unusual nature of the case and the young age of the dog. Follow up is certainly advised, particularly given suspicion of hypertension.

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RECOMMENDATIONS

- If BP is thought to be accurate, consider institution of Amlodipine to effect and screen for causes of high blood pressure.
- No cardiac medications are indicated.
- No cardiac contraindication for general anesthesia.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

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PLAN

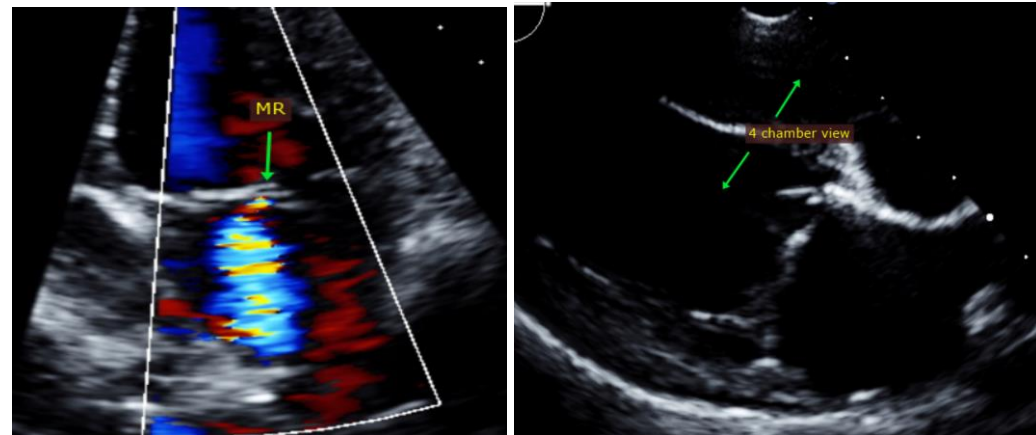
Recommend recheck echocardiogram in 6-12 months to screen for any progressive changes.

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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.

REFERRING VET

Dr. Masloski

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.

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