



PATIENT

Beau Lasonde

SPECIES

Canine

BREED

Toy Poodle

SEX

Male Neutered

AGE

14 years

WEIGHT

10.25lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

25837

DATE

8/17/22

PRESENTING CLINICAL SIGNS

History: Beau was diagnosed with diabetes in February. A heart murmur was noted. He is in need of surgery for his cataracts. He does cough when picked up. He is eating well with normal activity for a blind dog. On exam: NSR, grade II/VI murmur with PMI left apical area, PSS, lung fields clear. BP: 280mmHg x 2, > 300mmHg. Current medications: Vetsulin insulin 4 units twice a day *No sedation for study.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is normal with adequate function. No significant LV hypertrophy.

Left atrium: The left atrium is mildly enlarged.

Mitral valve: The mitral valve is mildly thickened with mild prolapse into the left atrial lumen. Mild to moderate mitral regurgitation. Normal velocity.

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Trace/mild 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. Velocity consistent with early pulmonary hypertension.

Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity.

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.

2-Dimensional Measurements

Ao diam (cm)	1.1
LA diam (cm)	1.7
LA:Ao (Swe)	1.55
IVS thickness (cm)	0.5
LVID diastole (cm)	2.3
PW thickness (cm)	0.5
LVID systole (cm)	1.0
FS (%)	57

Doppler Measurements

PV Vmax (m/s)	1.0
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	6.0
TR Vmax (m/s)	3.1
TR PG (mmHg)	37

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing mild to moderate mitral and tricuspid regurgitation is identified. Lack of significant left atrial enlargement indicates the current risk for complication is low. Moderate TR is noted with mildly elevated pulmonary pressures. This is of unknown significance in a dog without significant respiratory signs. No additional concurrent issues such as systolic dysfunction are noted in this study.

Systemic hypertension is mentioned in the history, which is supported by the finding of 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).



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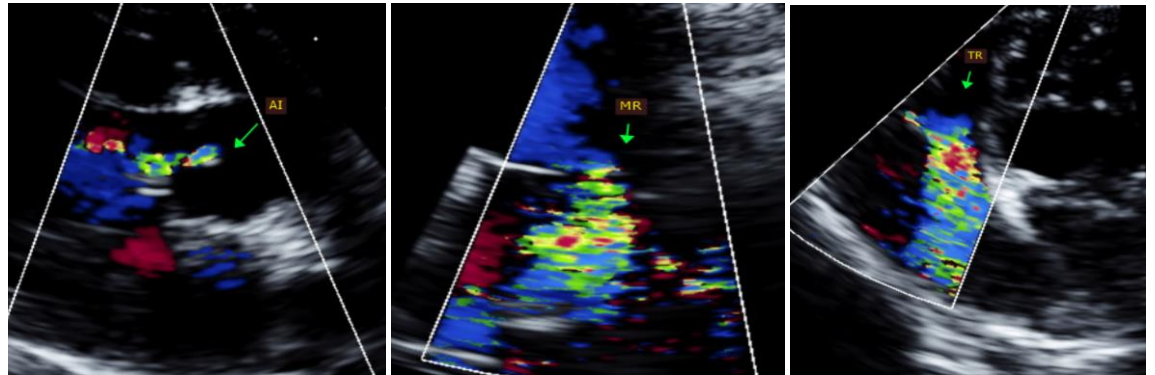
RECOMMENDATIONS

- No medications are indicated.
- 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
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Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)