



PATIENT

Hollie Lee

SPECIES

Canine

BREED

Shih Tzu

SEX

Female Spayed

AGE

10 years

WEIGHT

14.4lbs

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

20599

DATE

8/18/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B1. Current presentation: Hollie is doing well - no coughing or dyspnea, Good appetite; normal activity level. CV/RESP: NSR, grade II/VI murmur with PMI left apical area, PSS, lung fields clear. BP: 140mmHg x 5. No cardiac medications. *No sedation for exam
-Pertinent previous echo findings (11/23/20 MML): LA 1.5 cm; LA:Ao 1.2; LV 2.24 cm; normal LA size; mid MR; trace-mild TR (2.4 m/s).

ECHOCARDIOGRAM FINDINGS

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

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

Left atrium: The left atrium is mildly dilated.

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 mildly thickened with trace/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 150bpm.

2-Dimensional Measurements

Ao diam (cm)	1.3
LA diam (cm)	1.8
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.73
LVID diastole (cm)	2.7
PW thickness (cm)	0.70
LVID systole (cm)	1.4
FS (%)	48

Doppler Measurements

PV Vmax (m/s)	0.8
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	5.9
TR Vmax (m/s)	2.2
TR PG (mmHg)	20

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with evidence of mild progression. Mild mitral and trace/mild tricuspid regurgitation are unchanged; however, the left heart dimensions are increased comparatively. Even with this progression, the disease remains in the mild category and no additional issues are identified.



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Continued assessment of progression in the future will help predict long term prognosis, which remains highly variable at this stage (B1).

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RECOMMENDATIONS

- No cardiac medications are clearly indicated prior to significant left atrial enlargement.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- No cardiac contraindication for general anesthesia. Mild IV fluid restriction is advised.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

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PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 6-12 months, sooner if any development of clinical signs.

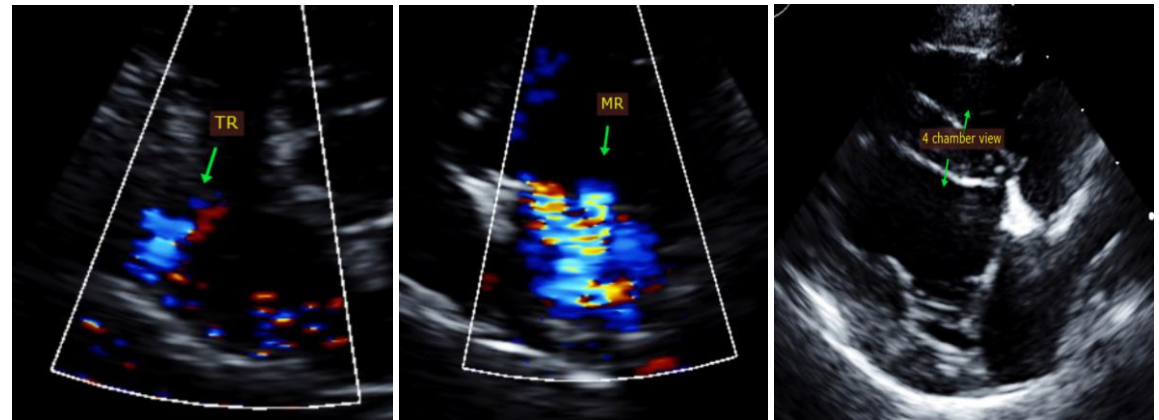
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Specialty Services

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.

REFERRING VET

Dr. Masloski

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

INVOICE

20599

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

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