



**PATIENT**

Brutus Brennan

**SPECIES**

Canine

**BREED**

Cavalier

**SEX**

Male Neutered

**AGE**

9.5 years

**WEIGHT**

29.5lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING**

**PERFORMED BY**

Pamela Harrigan,  
RDMS

**HOSPITAL NAME**

VCA Hanson

**REFERRING VET**

Dr. Oscar

**INVOICE**

32091

**DATE**

8/2/23

**PRESENTING CLINICAL SIGNS**

History: Recheck echo and AUS. History chronic valvular disease. Stage B2. History hepatopathy expansive splenic macro nodule/mass. Doing well at home. Previous bi-cavity exams on 8/29/22 (Doctors Lamy and Daniel). Having bi-cavity exams today. Current medications: Pimobendan 3.75mg BID.

-Pertinent previous echo findings (8/2022 MML): Moderate LAE, moderate MR, borderline LVE, mild TR: 2m/s. LA: 3.5, LV: 4.0.

**ECHOCARDIOGRAM FINDINGS**

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

**Left ventricle:** The LV diameter is borderline increased with hyperdynamic function. LV wall thicknesses are normal.

**Left atrium:** The left atrium is moderately dilated.

**Mitral valve:** The mitral valve is diffusely thickened with mild prolapse into the left atrial lumen. Moderate 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 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 140bpm.

**2-Dimensional Measurements**

Ao diam (cm)	2.1
LA diam (cm)	3.6
LA:Ao (Swe)	1.7
IVS thickness (cm)	0.7
LVID diastole (cm)	4.0
PW thickness (cm)	0.8
LVID systole (cm)	2.5
FS (%)	36

**Doppler Measurements**

PV Vmax (m/s)	0.5
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	5.2
TR Vmax (m/s)	2.4
TR PG (mmHg)	22

**INTERPRETATION OF THE FINDINGS**

Chronic degenerative valve disease persists with overall stability. Moderate mitral and mild tricuspid regurgitation are unchanged without progressive right or left heart enlargement. No pulmonary hypertension or other issues are identified.

Given these findings, continue Pimobendan as prescribed. Continued assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).



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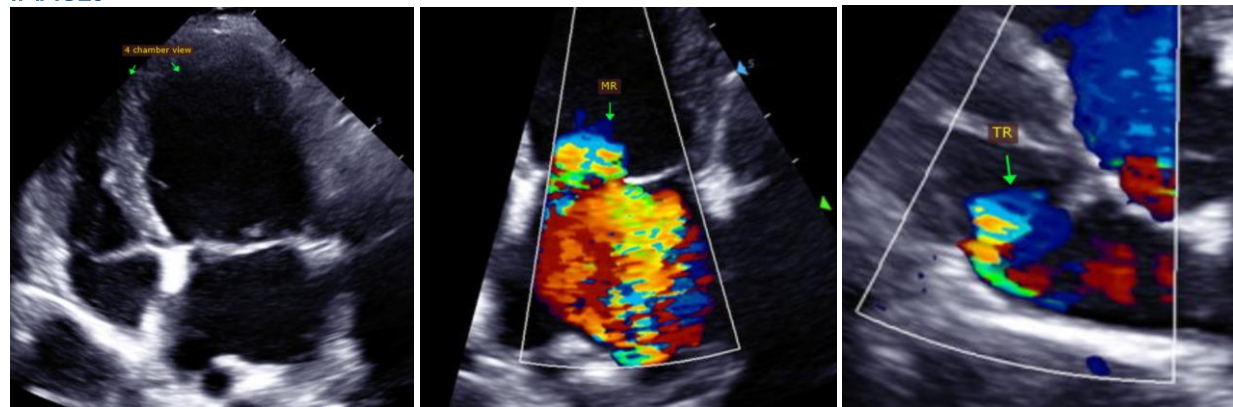
**RECOMMENDATIONS**

- Continue Pimobendan 0.3mg/kg PO q12h.
- Monitor BP every 6 months.
- 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 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))



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