



PATIENT

Emme D'Andrea

SPECIES

Canine

BREED

Boston Terrier

SEX

Female Spayed

AGE

12 years

WEIGHT

20.3lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDMS

HOSPITAL NAME

Compassionate Care
Veterinary Clinic

REFERRING VET

Dr. Farrington

INVOICE

32086

DATE

8/2/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Emme is doing well at home with no clinical issues.

-Pertinent previous echo findings 1/31/23 (MML): LA 2.2 cm; LA:Ao1.4, LV 2.7 cm; mild LAE, moderate MR, mild-moderate TR (2.5 m/s).

-Abnormal PE/Chem/CBC/UA Results: Platelets 585,000 (historical) with increased platetcrit for the first time, alkphos 385(historically stable). ggt 33 (newly elevated) chloride 105

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 moderately dilated.

Mitral valve: The anterior leaflet of the mitral valve is thickened with prolapse into the left atrial lumen. Moderate mitral regurgitation is identified. Normal velocity.

Aortic valve/Aorta: The aortic valve is mildly thickened with normal mobility. Normal aortic outflow velocity; laminar flow. 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 mildly thickened with septal prolapse and moderate 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)	1.5
LA diam (cm)	2.7
LA:Ao (Swe)	1.8
IVS thickness (cm)	0.9
LVID diastole (cm)	2.7
PW thickness (cm)	0.8
LVID systole (cm)	1.4
FS (%)	51

Doppler Measurements

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	5.3
TR Vmax (m/s)	2.7
TR PG (mmHg)	30

INTERPRETATION OF THE FINDINGS

Compared to the prior study, there is evidence of slight progression. The LA dimension has increased comparatively; however, remains in the moderate category. Additionally, the TR is quantitatively increased; however, pulmonary pressures remain normal. Finally, a small aortic insufficiency is unchanged. No additional issues have developed.

Given these findings, no indication for additional medications. Continued lifelong monitoring of blood pressure is recommended. Prognosis remains guarded.

RECOMMENDATIONS



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- Continue Pimobendan as prescribed.
- Monitor BP every 3-4 months lifelong.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

SPECIES

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- 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.

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- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

PLAN

AGE

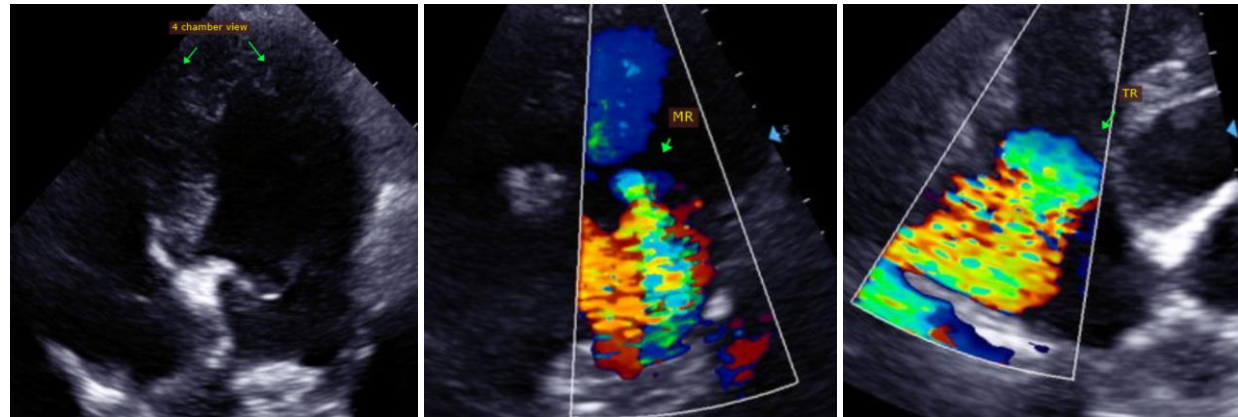
12 years

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

IMAGES

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DACVIM (Cardiology)

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

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.

HOSPITAL NAME

Compassionate Care Veterinry Clinic

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

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

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