



**PATIENT**

Dizzy Picard

**SPECIES**

Canine

**BREED**

Poodle Mix

**SEX**

Female Spayed

**AGE**

11 years

**WEIGHT**

14lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING**

**PERFORMED BY**

Pamela Harrigan,  
RDMS

**HOSPITAL NAME**

Compassionate Care  
Veterinary Clinic

**REFERRING VET**

Dr. Coates

**INVOICE**

20672

**DATE**

8/20/21

**PRESENTING CLINICAL SIGNS**

History: Grade III/VI systolic murmur noted on annual exam in June, previously noted as grade II. Was seen for ruptured cyst and there were no concerns with administration of butorphanol/midazolam and propofol to effect. Patient is asymptomatic - no cough/exercise intolerance/tachypnea. BP: 230, 228, 230mmHg \*No sedation

**ECHOCARDIOGRAM FINDINGS**

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

**Left ventricle:** The LV diameter is borderline increased with adequate function. No significant LV hypertrophy. 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. Mild to moderate double jet of mitral regurgitation with a normal velocity.

**Aortic valve/Aorta:** The aortic valve is normal is mildly thickened. 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 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 110bpm.

**2-Dimensional Measurements**

Ao diam (cm)	1.3
LA diam (cm)	2.2
LA:Ao (Swe)	1.7
IVS thickness (cm)	0.55
LVID diastole (cm)	2.6
PW thickness (cm)	0.66
LVID systole (cm)	1.4
FS (%)	45

**Doppler Measurements**

PV Vmax (m/s)	0.88
AoV Vmax (m/s)	1.7
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**INTERPRETATION OF THE FINDINGS**

Chronic degenerative valve disease causing moderate mitral regurgitation. Moderate left atrial enlargement indicates there is relatively low risk for imminent complication, however risk for progression to spontaneous congestive heart failure in the future is elevated. An aortic leak is noted which is concerning in light of the reported blood pressures. No additional issues are identified.



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Given LA dilation, Pimobendan is recommended as below. Assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).

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The reported blood pressure is severely elevated which may be supported by the finding of an aortic leak. If this is thought to be a real finding (i.e., independent of stress level), recommend institute Amlodipine at this time as below. If there is any question of the validity of result, consider reassess as a sole visit prior to instituting lifelong medication. If deemed accurate, patient should also be screened for predisposing underlying causes of SHT (Cushings, PLN, adrenal tumor, etc.), as primary disease is relatively uncommon and a rule out diagnosis.

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**RECOMMENDATIONS**

- Institute heart muscle support Pimobendan 0.3mg/kg PO q12h.
- Consider treat systemic hypertension versus reassess as discussed. Utilize Amlodipine to effect.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Once on Pimobendan for 3-5 days, 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.

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**PLAN**

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

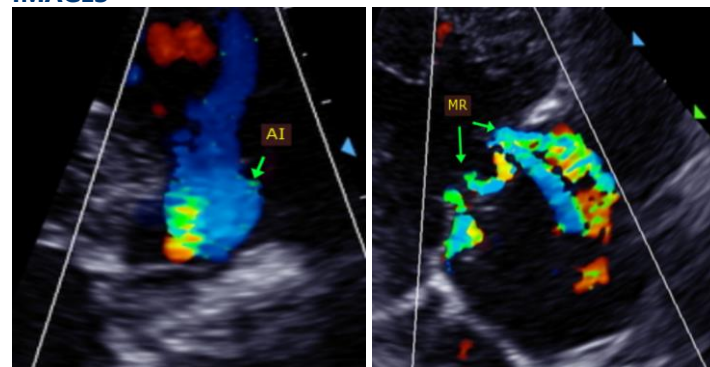
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**IMAGES**



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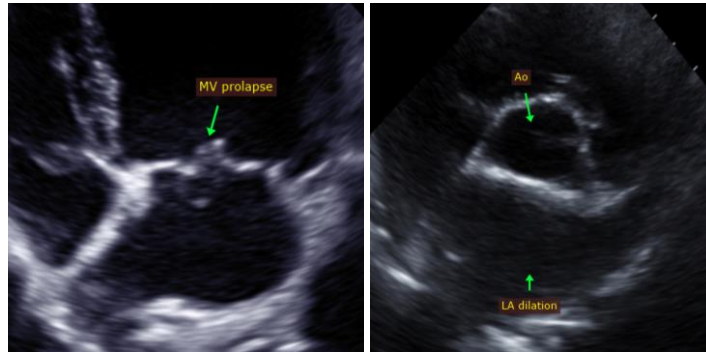
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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