



PATIENT

Bella Romano

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Female Spayed

AGE

11 years

WEIGHT

22.2lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Grade II/VI cardiac murmur; no cough or respiratory issues. Has bicavity effusions; pancreatitis, vomiting and diarrhea. Having bi-cavity exams. Abdominal ultrasound conclusion: [The presence of multiple nodules throughout the mesentery makes carcinomatosis a top differential diagnosis. Several of these nodules are adjacent to an enlarged pancreas and while the appearance of the pancreas resembles pancreatitis, the possibility of a pancreatic carcinoma as the source of the nodules in the mesentery is considered a plausible scenario. -Abnormal PE/Chem/CBC/UA Results: ALT 143, ALP 423, GGT 14, lipase >1800.

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 normal.

Mitral valve: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Mild central 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 normal 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 effusion. Large volume pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 80bpm.

2-Dimensional Measurements

Ao diam (cm)	1.9
LA diam (cm)	2.1
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.9
LVID diastole (cm)	2.9
PW thickness (cm)	0.9
LVID systole (cm)	1.8
FS (%)	37

Doppler Measurements

PV Vmax (m/s)	0.72
AoV Vmax (m/s)	1.8
MR Vmax (m/s)	5.4
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Wood River Animal
Hospital

REFERRING VET

Dr. Fischer

INVOICE

32438

DATE

8/21/23

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing mild mitral regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. No concurrent issues such as systolic dysfunction or pulmonary hypertension are noted in this study. Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).

These findings certainly do not explain bicavitary effusion. Further evaluation through fluid sampling, etc. should be dictated by the abdominal ultrasound results.



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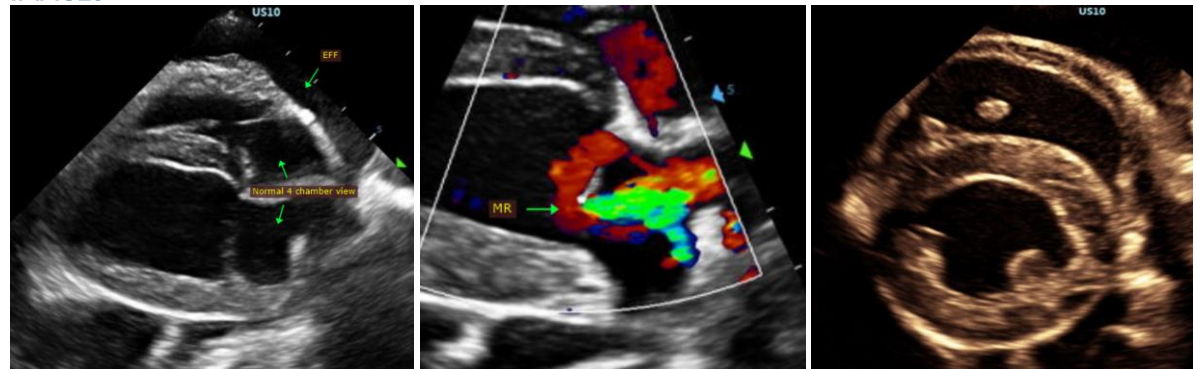
RECOMMENDATIONS

- No cardiac medications are clearly indicated.
- Further evaluation of effusion as discussed.
- 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 6-12 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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 info@sonopath.com

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