



PATIENT

Simon Peterson

SPECIES

Canine

BREED

Terrier Mix

SEX

Male Neutered

AGE

14 years

WEIGHT

11.5lbs

PRESENTING CLINICAL SIGNS

History: Recheck echo. History valvular heart disease - Stage B1 found on echo performed 1/14/22 (Cardiac Vet, Inc). LA 1.62 cm, LA:Ao 1.19, LV 2.34 cm, normal chamber sizes, moderate MR, trace TR. Simon is doing well at home. No medications.

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 mildly dilated.

Mitral valve: The mitral valve is diffusely thickened with 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 prolapse and 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 136bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.3
LA diam (cm)	2.0
LA:Ao (Swe)	1.45
IVS thickness (cm)	0.7
LVID diastole (cm)	2.7
PW thickness (cm)	0.8
LVID systole (cm)	0.9
FS (%)	66

Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	5.8
TR Vmax (m/s)	2.6
TR PG (mmHg)	27

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with moderate mitral and mild tricuspid regurgitation. Compared to what is described previously, slight progression is seen in both the LA and LV dimensions. That being said, the overall disease remains in the mild category. No additional issues, such as pulmonary hypertension have developed.

HOSPITAL NAME

Canton Veterinary
Clinic

REFERRING VET

Dr. Belisle

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

INVOICE

32436

RECOMMENDATIONS

- No cardiac medications are clearly indicated.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

DATE

8/21/23



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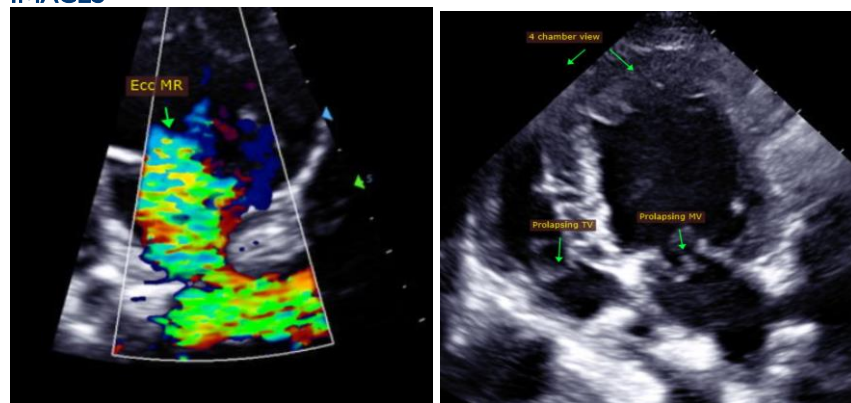
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- Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for 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.
 - 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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
 info@sonopath.com

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