



PATIENT

Harley Taylor

SPECIES

Canine

BREED

Shih Tuz

SEX

Male Neutered

AGE

8 years

WEIGHT

14.3lbs

PRESENTING CLINICAL SIGNS

History: Recheck echo (previous report not available). History chronic valvular disease - Stage B1. Currently, doing well at home. Grade III/VI systolic murmur. No medications. Echo prior to anesthesia for dental procedure. BP: 155, 158, 160mmHg *Sedated with Alfaxalone for study.

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 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 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.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.7
LA diam (cm)	2.1
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.5
LVID diastole (cm)	2.3
PW thickness (cm)	0.5
LVID systole (cm)	1.3
FS (%)	47

Doppler Measurements

PV Vmax (m/s)	0.53
AoV Vmax (m/s)	0.92
MR Vmax (m/s)	5.0
TR Vmax (m/s)	2.2
TR PG (mmHg)	20

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing moderate mitral and tricuspid 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). Compared to what is available from the prior study, the disease appears stable overall.

HOSPITAL NAME

Falmouth Animal
Hospital

REFERRING VET

Dr. Hauser

RECOMMENDATIONS

- No cardiac medications are clearly indicated.
- 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

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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.

SPECIES

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

BREED

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PLAN

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

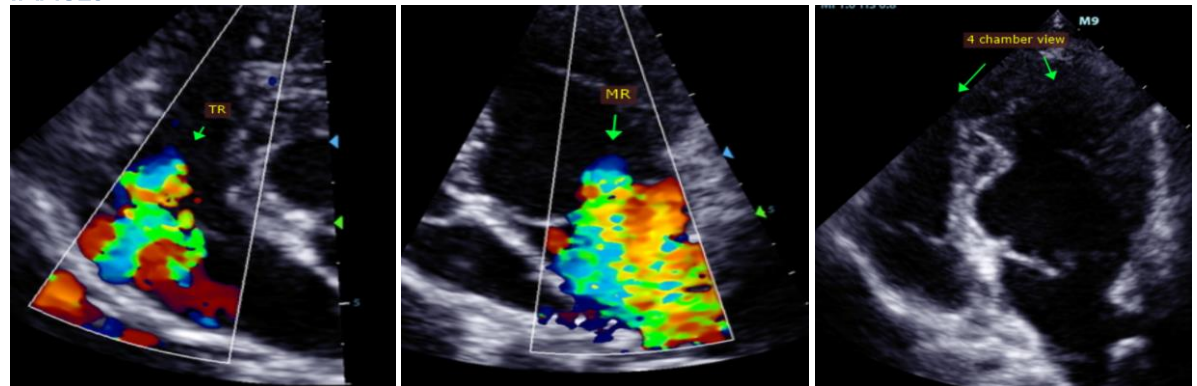
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 DACVIM (Cardiology)

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.

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

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Falmouth Animal Hospital

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