



**PATIENT**

Evie Gadoury

**SPECIES**

Canine

**BREED**

Australian Shepherd

**SEX**

Female Spayed

**AGE**

5 years

**WEIGHT**

63.8lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Foster Veterinary  
Clinic

**REFERRING VET**

Dr. Hattan

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History AV septal defect, partial (primum ASD, cleft MV, no VSD). Current presentation: owner reports Evie is not as active and seems to be slowing down. No cough or labored breathing. BP: 128, 130, 130 mmHg. Cardiopet BNP 1315.  
-Pertinent previous echo findings (Oct, 2017 - 7 months old): LA 2.63 cm; LA:Ao 1.14; LV 2.98 cm; mild MR directed toward the ASD; mild TR directed toward the ASD (3 m/s; 37 mmHg); mild pHTN; large primum ASD, left to right shunt; RVE/RAE. On 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. Ostium primum atrial septal defect; 1.79cm in dimension with left to right flow (low velocity).

**Mitral valve:** The mitral valve appears thickened with a cleft morphology consistent with dysplasia. No stenosis identified. Mild mitral regurgitation can be seen directed towards the septal defect into the RA; 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:** The RV is severely dilated. No obvious hypertrophy.

**Right atrium:** The RA is moderate to severely dilated.

**Tricuspid valve:** The tricuspid valve appears normal with mild to moderate tricuspid regurgitation; mildly elevated velocity.

**Pulmonic valve/Pulmonary artery:** The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow. Mild MPA/branch dilation.

**Pericardium/other:** No pericardial or pleural effusion noted. No obvious cardiac masses.

**Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 130bpm.

**2-Dimensional Measurements**

Ao diam (cm)	2.3
LA diam (cm)	3.0
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.9
LVID diastole (cm)	3.3
PW thickness (cm)	0.9
LVID systole (cm)	1.8
FS (%)	44

**Doppler Measurements**

PV Vmax (m/s)	1.32
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	5.2
TR Vmax (m/s)	3.3
TR PG (mmHg)	43

**INTERPRETATION OF THE FINDINGS**

Complex congenital heart disease persists with a large ostium primum ASD, abnormal atrioventricular valve morphology and secondary right heart enlargement. Compared to what is noted in the previous exam, these findings are remarkably similar with unchanged pulmonary pressures, similar MR and TR, and no obvious CHF/effusions. Regardless, the

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degree of right hear enlargement is significantt with evidence of volume overload. No obvious additional issues

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If no symptoms were reported, I would not institute medications at this time. That being said, if the patient is experiencing exercise intolerance Pimobendan would be recommended for potential long-term benefit. No obvious indication for additional medications at this time.

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The prognosis is guarded to poor long term as this will clearly limit lifespan significantly, although relative stability at 5 years of age is certainly encouraging. Patient will always be at risk for recurrent CHF (likely right-sided), development of arrhythmias/LA tear, syncope and/or sudden death in the future.

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**RECOMMENDATIONS**

- Consider administer heart muscle support Pimobendan (Vetmedin) 0.3mg/kg PO q12h.
- Lifelong activity restriction is advised.
- Omega fatty acid supplementation and mild salt restriction may be of some long term benefit.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.
- Omega fatty acid supplementation and mild salt restriction may be of some long term benefit.
- Elective anesthesia is not advised.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

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**PLAN**

- A recheck echocardiogram and ECG are recommended in 6 months, sooner if clinical issues arise in the interim.

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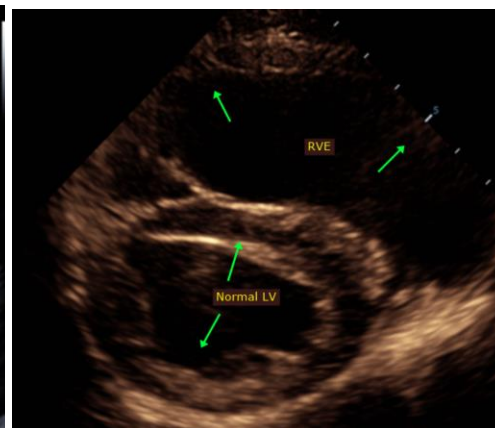
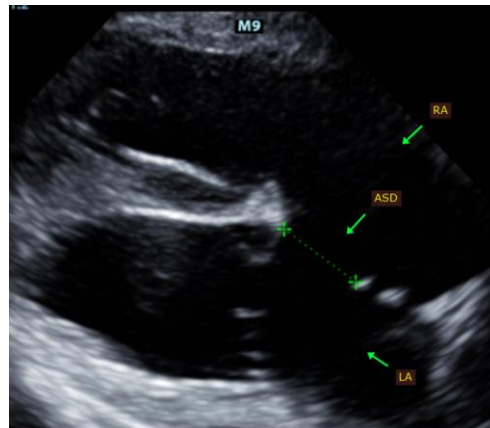
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**IMAGES**





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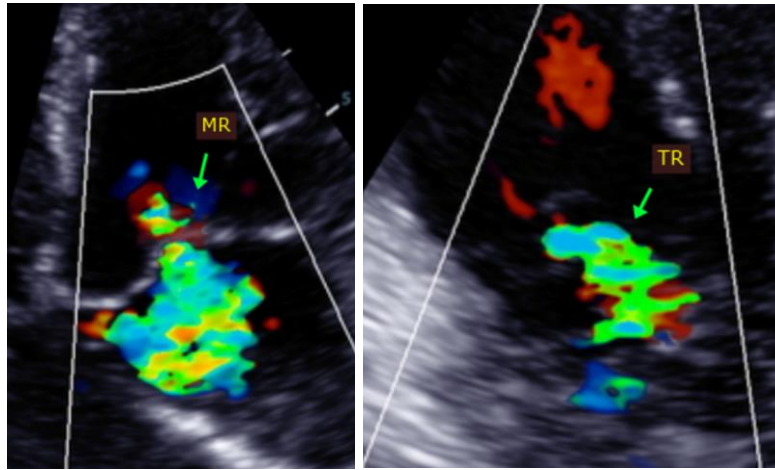
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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