

PATIENT

Chester Stankiewicz

SPECIES

Canine

BREED

Vizsla

SEX

Male Neutered

AGE

10 years

WEIGHT

57.3lbs

PRESENTING CLINICAL SIGNS

History: Persistent grade I/VI murmur and pronounced S3. No clinical signs. Needs anesthesia for mass removal. BP: 170-180mmHg.

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 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 normal with trace 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 180bpm.

INTERPRETED BY

Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
 RDCS

HOSPITAL NAME

Wignall Animal
 Hospital

REFERRING VET

Dr. DeMarco

INVOICE

26017

DATE

8/25/22

2-Dimensional Measurements

Ao diam (cm)	1.9
LA diam (cm)	2.2
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.8
LVID diastole (cm)	3.1
PW thickness (cm)	0.8
LVID systole (cm)	1.4
FS (%)	55

Doppler Measurements

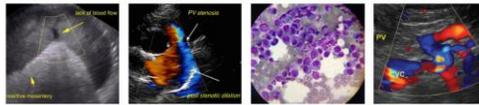
PV Vmax (m/s)	0.71
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	5.1
TR Vmax (m/s)	2.4
TR PG (mmHg)	22

INTERPRETATION OF THE FINDINGS

The cause of the murmur is chronic degenerative valve disease causing mild mitral and trace 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).

RECOMMENDATIONS

- In an asymptomatic dog without significant left atrial enlargement, 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
 Canine

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

BREED
 Vizsla

PLAN

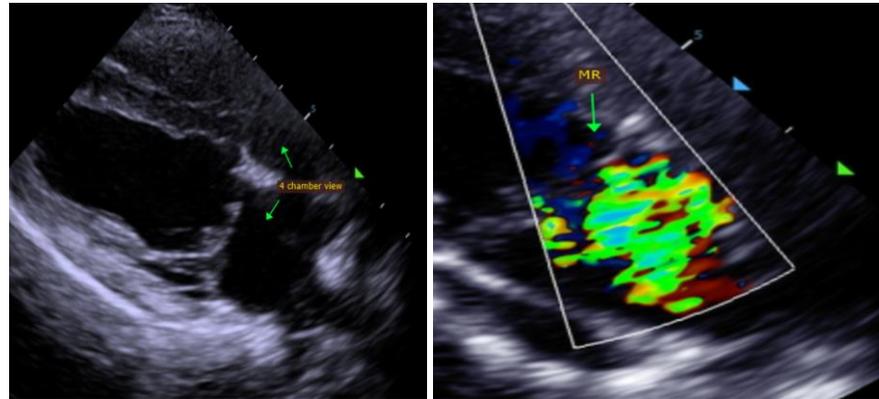
- Recommend conservative monitoring with a recheck echocardiogram in 6-12 months, sooner if any development of clinical signs.

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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.

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.

HOSPITAL NAME

Wignall Animal
 Hospital

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