



PATIENT

Momma Chaves

SPECIES

Canine

BREED

Pitbull Terrier

SEX

Female Spayed

AGE

12 years

WEIGHT

74.2lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

26104

DATE

8/30/22

PRESENTING CLINICAL SIGNS

History: Momma was noted to have a heart murmur in April 2020. Recently diagnosed splenic mass. Episode of weakness with pale gums 3-4 weeks ago, but not since that time, Her appetite waxes and wanes. Her activity level remains good for a dog of her years, but she does have some trouble getting up. On exam: transient arrhythmia, grade IV/VI with PMI left apical area radiating to right no murmurs noted PSS lung fields clear. BP: 150mmHg x 5. Current medications: 1) Theophylline 300mg twice a day 2) Dasaquin 3) Adequan every 5 days 4) Gabapentin 100mg 3 capsules three times a day *No sedation 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 normal.

Mitral valve: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Mild 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 mild tricuspid regurgitation. Velocity consistent with early pulmonary hypertension.

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 160bpm.

2-Dimensional Measurements

Ao diam (cm)	2.5
LA diam (cm)	3.0
LA:Ao (Swe)	1.2
IVS thickness (cm)	1.0
LVID diastole (cm)	4.0
PW thickness (cm)	1.0
LVID systole (cm)	2.6
FS (%)	35

Doppler Measurements

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	5.1
TR Vmax (m/s)	2.8
TR PG (mmHg)	31

INTERPRETATION OF THE FINDINGS

The cause of the murmur is chronic degenerative valve disease causing mild mitral and tricuspid regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. Early pulmonary hypertension is noted, which is of unknown significance in a dog without respiratory signs. No additional issues are noted in this study. No obvious intra- or extra-cardiac tumors are appreciated. It is important to note that small extra-cardiac masses are easily missed, particularly in the absence of effusion and if suspicion persists advanced imaging (thoracic CT scan) is recommended.

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



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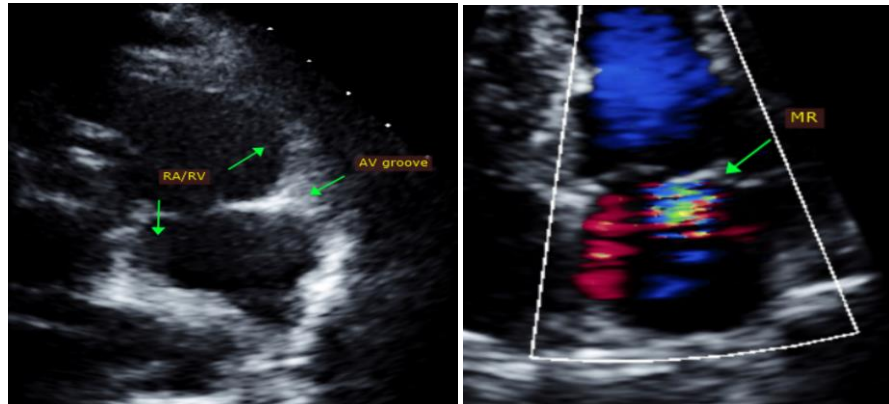
RECOMMENDATIONS

- In a 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 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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Echocardiogram performed by:

Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)