

**PATIENT**

Mason Panciocco

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

Male Intact

**AGE**

10 years

**WEIGHT**

16.3lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING**

**PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Norfolk County  
Veterinary Service

**REFERRING VET**

Dr. Poor

**INVOICE**

20403

**DATE**

8/5/21

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History chronic valvular disease - Stage B1. Currently, doing well; asymptomatic. Grade III/VI systolic murmur.

-Pertinent previous echo findings (7/16/20 MML): LA 1.7 cm; LA:Ao 1.25; LV 2.47 cm; mild MR; mild TR (2.6 m/s); mild LAE.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and Doppler imaging is available.

**Left ventricle:** The LV is mildly dilated with hyperdynamic myocardial function. LV wall thicknesses are normal.

**Left atrium:** The left atrium is moderately 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 septal prolapse and mild tricuspid regurgitation; normal velocity.

**Pulmonary 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 130bpm.

**2-Dimensional Measurements**

Ao diam (cm)	1.4
LA diam (cm)	2.4
LA:Ao (Swe)	1.7
IVS thickness (cm)	0.77
LVID diastole (cm)	2.8
PW thickness (cm)	0.72
LVID systole (cm)	1.2
FS (%)	59

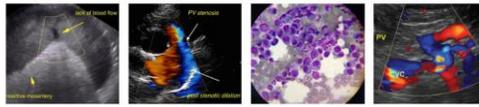
**Doppler Measurements**

PV Vmax (m/s)	0.5
AoV Vmax (m/s)	1.5
MR Vmax (m/s)	5.8
TR Vmax (m/s)	2.4
TR PG (mmHg)	24

**INTERPRETATION OF THE FINDINGS**

Chronic degenerative valve disease persists with evidence of progression. Previously mild LA dilation is now moderate, and the LV is mildly increased as well. This is concerning for progressive issues going forward, and Pimobendan is warranted at this juncture. In an asymptomatic dog no additional medications are clearly indicated at this time; however, close monitoring at home is advised.

Prognosis is guarded at this stage (B2), with risk for spontaneous CHF, development of arrhythmias, LA tear and/or sudden death going forward.



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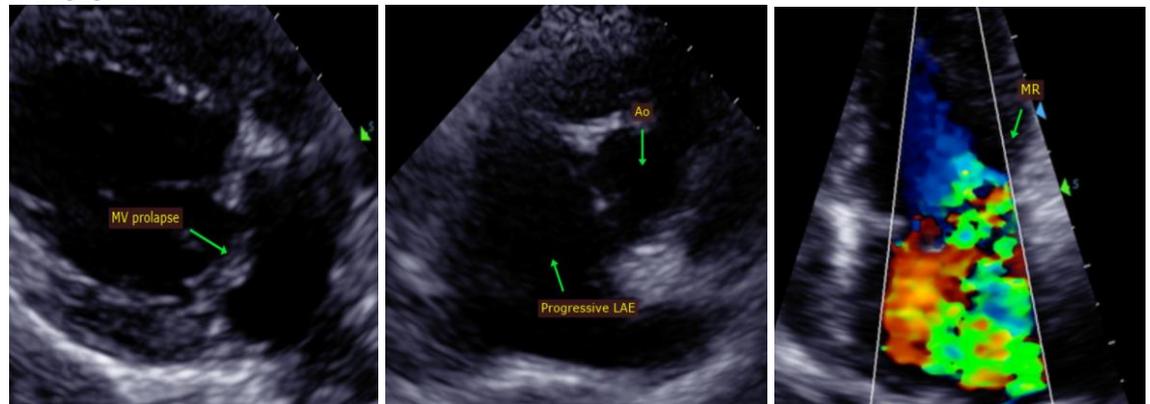
**RECOMMENDATIONS**

- Institute Pimobendan 0.2-0.3mg/kg PO q12h.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Once on Pimobendan for 3-5 days, anesthetic risk is considered mildly elevated. 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. Monitoring of sleeping breathing rates is recommended to screen for CHF at home.

**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.

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