



PATIENT

Kara Baldyga

SPECIES

Canine

BREED

Beagle mix

SEX

Female Spayed

AGE

13 years

WEIGHT

26.1lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B1. Kara was seen at rDVM in May for a cough and was started on Lasix. Since, the cough has returned. Good appetite; activity level remains stable. On exam: NSR, grade III/VI murmur with PMI left apical area, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 180mmHg x 5. Current medications: 1) Lasix/furosemide 20mg 1.5 tabs twice a day (2.5mg/kg) 2) Gabapentin 100mg 1 capsule twice a day 3) Galliprant 20mg 1 tab daily *No sedation for study.
-Pertinent previous echo findings (Jan 2018): LA 2.40 cm; LA:Ao 1.22, LV 3.83 cm; normal chamber sizes, 1+ MR, trace TR.

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 diffusely thickened with minimal 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 100bpm. Premature beats noted.

2-Dimensional Measurements

Ao diam (cm)	2.1
LA diam (cm)	2.5
LA:Ao (Swe)	1.3
IVS thickness (cm)	1.0
LVID diastole (cm)	3.5
PW thickness (cm)	0.9
LVID systole (cm)	1.8
FS (%)	48

Doppler Measurements

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	5.3
TR Vmax (m/s)	2.4
TR PG (mmHg)	24

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

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DATE

8/7/23

INTERPRETATION OF THE FINDINGS

The cause of the murmur is chronic degenerative valve disease causing mild mitral and trace tricuspid regurgitation. Compared to what is available from the prior study, findings appear similar without progressive chamber enlargement. No pulmonary hypertension or other issues have developed.



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Given these findings, the cough is unlikely to be cardiac in origin and **Lasix can and should be safely discontinued**. Primary respiratory causes should be considered. Consider further respiratory work up/treatment (hydrocodone, taper course of steroids, Enrofloxacin, TTW/BAL, etc.).

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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

- Discontinue Lasix.
- Further cough evaluation/treatment as discussed.
- 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.

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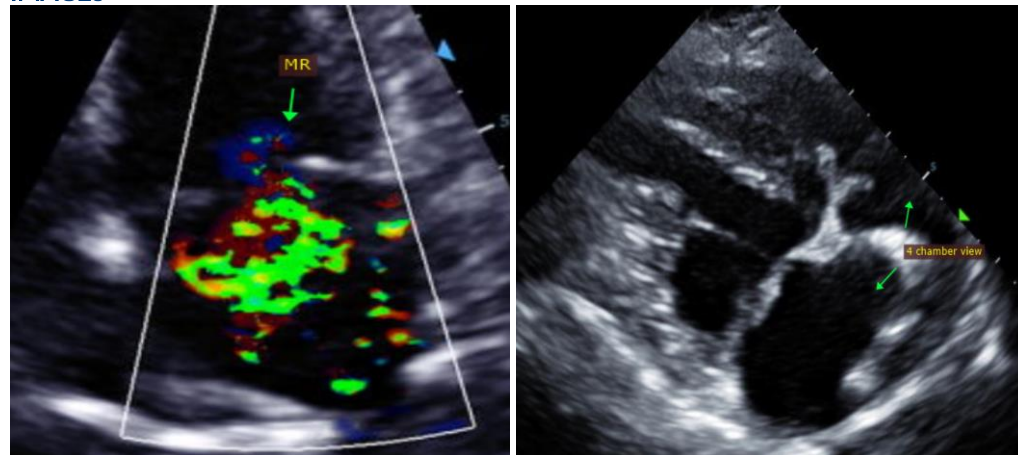
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PLAN

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

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IMAGES



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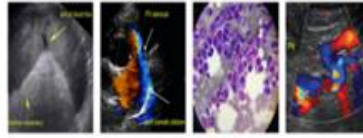
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)

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