



PATIENT
Cheyenne Randall

SPECIES
Canine

BREED
Catahoula Mix

SEX
Female Spayed

AGE
7 years

WEIGHT
55lbs

PRESENTING CLINICAL SIGNS

History: Recheck echo history chronic valvular disease - Stage B1. Currently doing well.
-Pertinent previous echo findings (8/31/21 Susan Morrison, DVM, DACVIM): LA 3.75 cm; LA/Ao 1.64; LV 3.67 cm; normal LA/LV size; mild MR; no 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 mildly thickened with no 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 normal with mild 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 90bpm.

INTERPRETED BY
Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	2.0
LA diam (cm)	2.8
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.8
LVID diastole (cm)	3.8
PW thickness (cm)	0.8
LVID systole (cm)	2.6
FS (%)	32

Doppler Measurements

PV Vmax (m/s)	0.75
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	4.5
TR Vmax (m/s)	1.9
TR PG (mmHg)	14

IMAGING PERFORMED BY
Pamela Harrigan,
RDCS

HOSPITAL NAME
Falmouth Animal
Hospital

REFERRING VET
Dr. Switzer

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with moderate mitral and mild tricuspid regurgitation. Compared to the prior study, there is slight progression with mild left atrial enlargement and development of a tricuspid leak. Regardless, 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).

INVOICE
25647

DATE
8/8/22

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.



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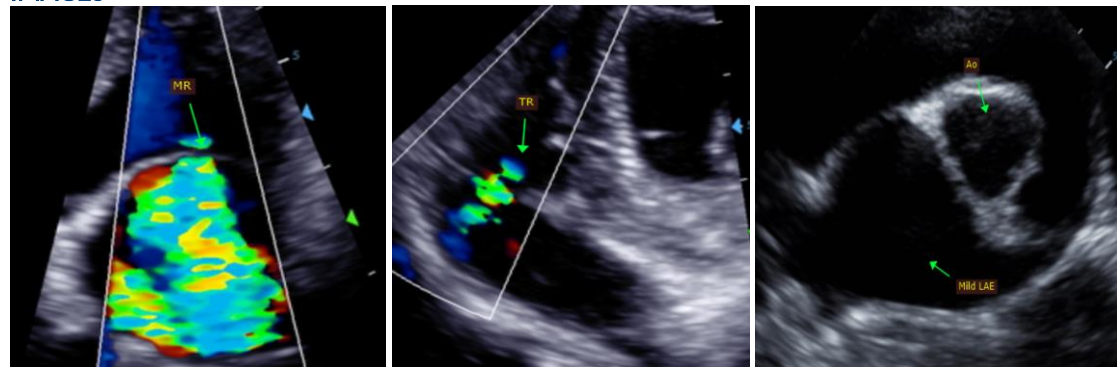
8/8/22

- 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 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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