



PATIENT

Milly Lightman

SPECIES

Canine

BREED

Shih Tzu

SEX

Female Spayed

AGE

10 years

WEIGHT

20.3lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

32204

DATE

8/8/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B1. Presently, Milly is doing well with no clinical issues. She is eating well and maintaining a normal activity level. On exam: NSR, grade I/VI murmur with PMI left apical area, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 170mmHg x 4. Currently, no medications. *No sedation for study.
-Pertinent previous echo findings 11/4/22 (Eric Linnetz, DVM, DACVIM (SIAM): LA 2.11 cm; LA:Ao 1.34, LV 2.67 cm, normal chamber sizes, mild MR, mild 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 borderline dilated.

Mitral valve: The mitral valve is mildly 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 mildly thickened with moderate 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 120bpm.

2-Dimensional Measurements

Ao diam (cm)	1.8
LA diam (cm)	2.1
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.7
LVID diastole (cm)	2.8
PW thickness (cm)	0.7
LVID systole (cm)	1.7
FS (%)	40

Doppler Measurements

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	4.9
TR Vmax (m/s)	2.5
TR PG (mmHg)	25

INTERPRETATION OF THE FINDINGS

Compared to the prior study, findings are similar. The left heart is unchanged with minimal LA enlargement and mild mitral regurgitation. Of some concern, the tricuspid regurgitation is increased comparatively; however, the right heart is not particularly enlarged.

Pulmonary pressures are actually documented normal (previously mildly elevated), and no additional issues are identified.

Given these findings, no medications are indicated. Continued assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).



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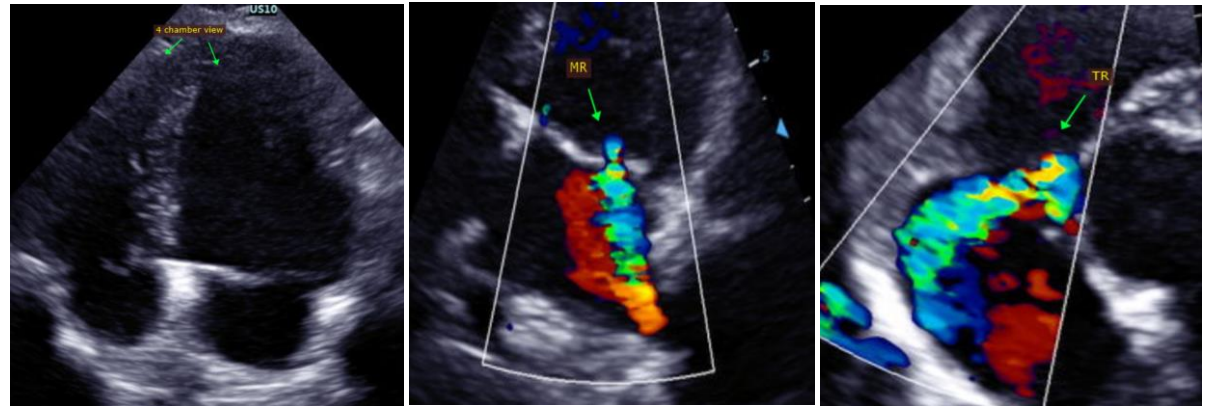
RECOMMENDATIONS

- 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)