



PATIENT

Houdini Gilbert

SPECIES

Canine

BREED

Dachshund

SEX

Male Neutered

AGE

8 years

WEIGHT

11.75lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Specialty Services

REFERRING VET

Dr. Masloski

INVOICE

20852

DATE

9/1/21

PRESENTING CLINICAL SIGNS

History: History PDA, corrected with ACDO placement in October, 2015. Post-procedure echo 12/2/16: Measurements LA 2.17 cm; LA:Ao 1.40; LV 2.51 cm. Trivial-mild residual left to right shunting flow is seen through the device. All chambers were normal in size. LV systolic function is at the lower limits of normal, a common post PDA finding. Current presentation: Rare cough; normal respirations; no labored breathing. Very good appetite and energy. CV/RESP: NSR, grade I/VI murmur with PMI left apical area, PSS, lung fields clear. BP: 140mmHg x 4. *No sedation.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is normal with borderline myocardial function. LV wall thicknesses are normal.

Left atrium: The left atrium is normal.

Mitral valve: The mitral valve is mildly thickened with mild prolapse into the left atrial lumen. No mitral regurgitation.

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. Small jet of residual ductal flow seen.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 140bpm.

2-Dimensional Measurements

Ao diam (cm)	1.4
LA diam (cm)	1.7
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.6
LVID diastole (cm)	2.4
PW thickness (cm)	0.6
LVID systole (cm)	1.67
FS (%)	29

Doppler Measurements

PV Vmax (m/s)	1.0
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Overtly normal cardiac dimensions persist. A small jet of residual L-R PDA flow remains as was previously documented; however, this appears hemodynamically insignificant. Additionally the LV function is borderline decreased, presumably similar to previous. No additional issues are identified.



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Prognosis is open. Patient will always be at risk for development of chronic degenerative valve disease with age, which may lead to murmur and or chamber enlargement. Monitoring is advised.

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RECOMMENDATIONS

- No cardiac medications are clearly indicated.
- No cardiac contraindication for general anesthesia.
- Monitor for development of a murmur, cough, labored breathing, exercise intolerance or collapse episodes.

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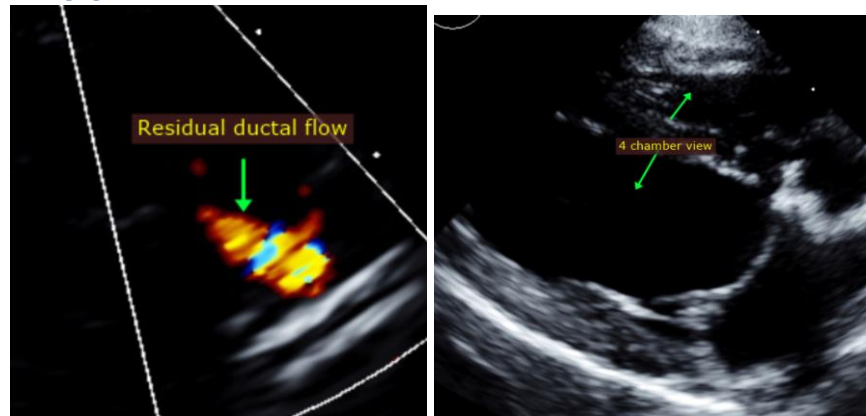
PLAN

- Recommend a recheck echocardiogram should a murmur or clinical signs arise.

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IMAGES



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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.

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

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.

HOSPITAL NAME

Mass Veterinary
Specialty Services

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REFERRING VET

Dr. Masloski

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

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