



PATIENT

Tianna Aucoin

SPECIES

Canine

BREED

Golden Retriever

SEX

Female Spayed

AGE

~2 years

WEIGHT

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

20840

DATE

9/1/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. History mild tricuspid valve dysplasia. Current presentation: owner reports gums blanching when going for walks which return to normal pink color. She is active and enjoys going for walks. Occasional cough noted. CV/RESP: NSR, grade II/VI tricuspid murmur, PSS, lung fields clear, no cough noted with tracheal palpation. BP: 130mmHg. -Pertinent previous echo findings (1/14/20 MML): LA 1.6 cm; LA:Ao 1.1; LV 2.64 cm; mild RA dilation; normal RV size and function; minimal tethering septal TV leaflet with mild-moderate TR (normal velocity). *Sedated with propofol.

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 normal. 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: Mild RA dilation.

Tricuspid valve: The tricuspid valve appears mildly abnormal, with a short septal leaflet (minimal tethering). Mild to 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 160bpm.

2-Dimensional Measurements

Ao diam (cm)	2.3
LA diam (cm)	3.1
LA:Ao (Swe)	1.3
IVS thickness (cm)	1.0
LVID diastole (cm)	3.6
PW thickness (cm)	1.0
LVID systole (cm)	2.4
FS (%)	33

Doppler Measurements

PV Vmax (m/s)	0.91
AoV Vmax (m/s)	1.6
MR Vmax (m/s)	NA
TR Vmax (m/s)	2.5
TR PG (mmHg)	25

INTERPRETATION OF THE FINDINGS

Tricuspid valve dysplasia persists largely unchanged. The degree of TR is stable to slightly improved, with only mild right heart changes. NO additional issues are identified.

Continued assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage. Given that the patient is now full grown without significant progression, this is certainly a good sign going forward.



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The degree of disease seen here is unlikely to cause clinical signs such as the noted exercise intolerance.

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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.

BREED
Golden Retriever

- 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.

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- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

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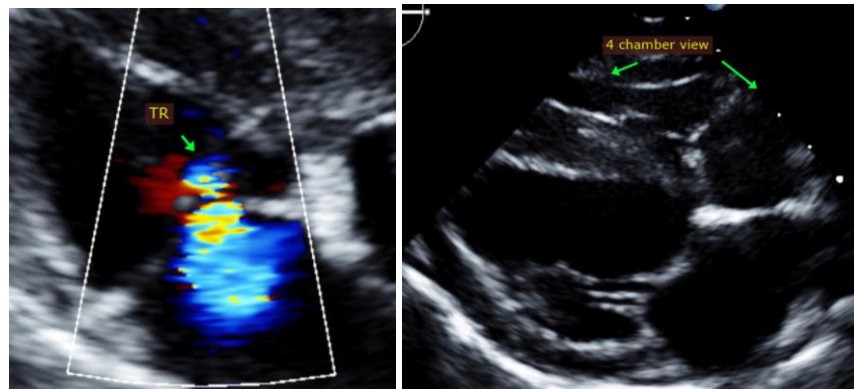
PLAN

- Recommend conservative monitoring with a recheck echocardiogram every 12-18 months going forward, sooner if the murmur changes in intensity or any clinical signs arise.

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.

REFERRING VET

Dr. Masloski

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.

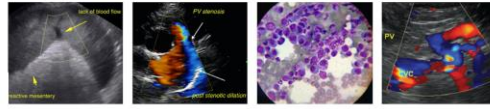
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Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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Echocardiogram performed by: Pamela Harrigan, RDCS

Pet Animal Ultrasound Service (4paus.com)

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