



PATIENT

Henry Brown

PRESENTING CLINICAL SIGNS

History: New grade III/VI left systolic murmur; no clinical signs. BP: 135-145mmHg.

SPECIES

Canine

ECHOCARDIOGRAM FINDINGS

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

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

BREED

Mix

Left atrium: The left atrium is mild to moderately dilated.

Mitral valve: The mitral valve is diffusely thickened with no prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with a normal velocity.

SEX

Male Neutered

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.

AGE

12 years

Tricuspid valve: The tricuspid valve appears mildly thickened with moderate tricuspid regurgitation. Velocity consistent with moderate pulmonary hypertension.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

WEIGHT

25.6lbs

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

2-Dimensional Measurements

Doppler Measurements

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

Ao diam (cm)	1.5
LA diam (cm)	2.36
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.76
LVID diastole (cm)	2.9
PW thickness (cm)	0.8
LVID systole (cm)	1.6
FS (%)	46

PV Vmax (m/s)	0.62
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	5.2
TR Vmax (m/s)	3.6
TR PG (mmHg)	54

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing moderate mitral and tricuspid regurgitation. Mild to moderate left atrial enlargement indicates there is relatively low risk for imminent complication, however risk for progression to spontaneous congestive heart failure in the future is elevated. Significant pulmonary hypertension is noted which is of unknown significance in an asymptomatic dog. No additional issues are identified.

HOSPITAL NAME

Norfolk County
Veterinary Service

REFERRING VET

Dr. McCabe

Given the totality of the findings, Pimobendan is recommended as below. This has benefit on both pulmonary and systemic vasculature. No additional medications are indicated. Assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).

INVOICE

26146

DATE

9/1/22



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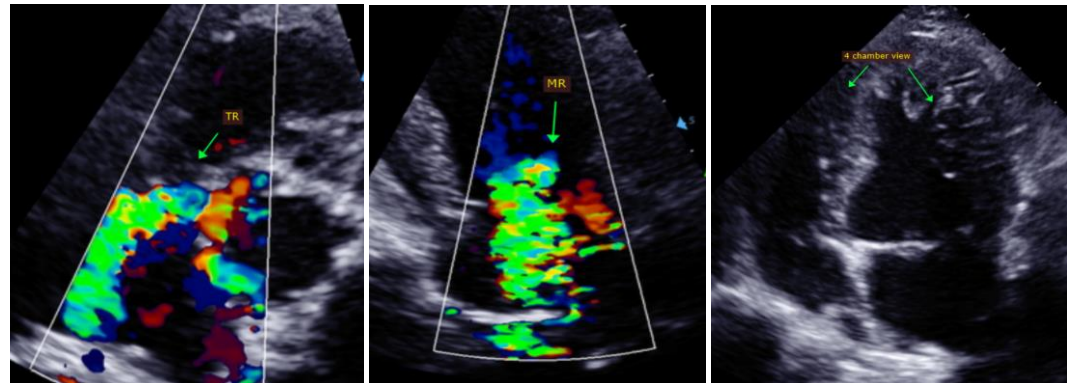
RECOMMENDATIONS

- Institute heart muscle support Pimobendan 0.3mg/kg PO q12h.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Once on Pimobendan for 3-5 days, 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.

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