



PATIENT

Tony Thane Athey

SPECIES

Canine

BREED

CKCS

SEX

Male Neutered

AGE

10 years

WEIGHT

15.75lbs

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

21018

DATE

9/14/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Current presentation: Tony Thane seems more tired the past month. His walks have become shorter. No cough or labored breathing. CV/RESP: NSR, grade III/VI murmur with PMI left apical area, PSS, lung fields clear, no cough with tracheal palpation. BP: 160mmHg x 3.

-Current medications: 1) Pimobendan/vetmedin 2.5mg 3/4 tab twice a day 2) Enalapril 5mg 1 tab twice a day *No sedation.

-Pertinent previous echo findings: LA 2.8 cm; LA:Ao 1.7; LV 3.4 cm; moderate LAE; moderate MR; trace TR.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is mildly increased with hyperdynamic function. LV wall thicknesses are normal.

Left atrium: The left atrium is moderately dilated.

Mitral valve: The mitral valve is diffusely thickened with mild prolapse into the left atrial lumen. Moderate anterior-directed 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 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.

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)	1.5
LA diam (cm)	2.7
LA:Ao (Swe)	1.8
IVS thickness (cm)	0.71
LVID diastole (cm)	3.36
PW thickness (cm)	0.74
LVID systole (cm)	1.7
FS (%)	50

Doppler Measurements

PV Vmax (m/s)	0.81
AoV Vmax (m/s)	1.36
MR Vmax (m/s)	6.0
TR Vmax (m/s)	2.0
TR PG (mmHg)	16

INTERPRETATION OF THE FINDINGS

Stable chronic degenerative valve disease is identified with moderate mitral and trace tricuspid regurgitation. The left heart dimensions are stable, and no additional issues such as pulmonary hypertension is identified.

Given these findings, no additional medications are indicated. Continue Pimobendan and ACEI as prescribed. No obvious cardiac contribution to acute lethargy is suspected based upon overall stability; systemic evaluation may be indicated.

Prognosis remains guarded with risk to progression to congestive heart failure and associated clinical signs in the future (stage B2).



PATIENT
Tony Thane Athey

SPECIES
Canine

BREED
CKCS

SEX
Male Neutered

AGE
10 years

WEIGHT
15.75lbs

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
21018

DATE
9/14/21

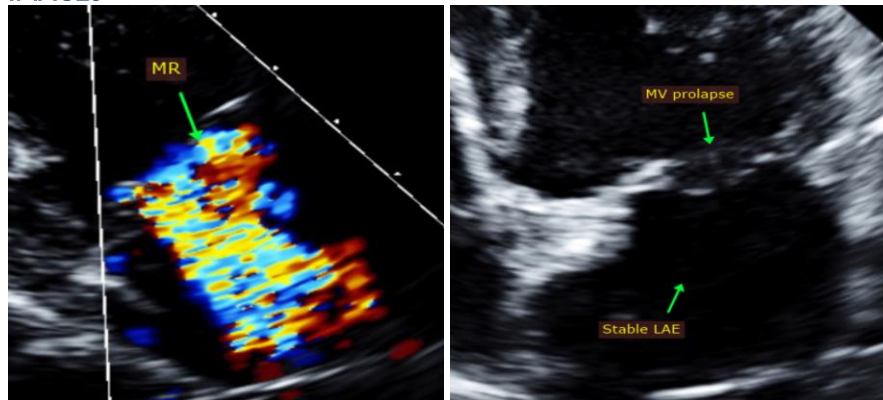
RECOMMENDATIONS

- Continue Pimobendan and Enalapril as prescribed.
- Reassess BP every 6 months.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is considered mildly elevated 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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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