



PATIENT

Bella Heye

SPECIES

Canine

BREED

Cavalier

SEX

Female Spayed

AGE

12 years

WEIGHT

20.5lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B1. Current presentation: Bella currently has two cysts on her feet which have burst but is otherwise doing well. She is a bit raspier sounding with her respirations. Bella continues to eat well. She is reluctant to go on long walks, most likely secondary to her interdigital cysts. On exam: NSR, grade IV/VI murmur with PMI left apical area, PSS, lung fields clear with some moderate referred upper airway noise--primarily laryngeal. BP: 180 mmHg x 5. Medications: 1) Atopica 50mg am with 25mg pm 2) Mupirocin 2% to feet 3) Douxo wipes *No sedation for study.
-Pertinent previous echo findings (3/8/22 Maggie Machen Lamy, DVM, DACVIM-Cardiology): LA 2.1 cm; LA:Ao 1.0; LV 3.3 cm; minimal LAE; moderate MR; mild TR (2.3 m/s).

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 mildly dilated.

Mitral valve: The mitral valve is diffusely thickened with mild prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with an elevated 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 trivial tricuspid regurgitation.

Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. Trace 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 130bpm. Isolated APCs.

IMAGING PERFORMED BY

Eduardo Rodrigues
III, RCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

26361

DATE

9/14/22

2-Dimensional Measurements

Ao diam (cm)	2.1
LA diam (cm)	2.7
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.8
LVID diastole (cm)	3.4
PW thickness (cm)	0.8
LVID systole (cm)	1.6
FS (%)	53

Doppler Measurements

PV Vmax (m/s)	1.62
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	5.9
TR Vmax (m/s)	NM
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with evidence of stability. Moderate mitral and trivial tricuspid regurgitation are unchanged. The left atrium is mildly increased comparatively; however, remains safety within the B1 category. No additional issues are identified.



PATIENT

Bella Heye

Continued assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1). Isolated APCs are identified, which may warrant further evaluation.

SPECIES

Canine

BREED

Cavalier

SEX

Female Spayed

AGE

12 years

WEIGHT

20.5lbs

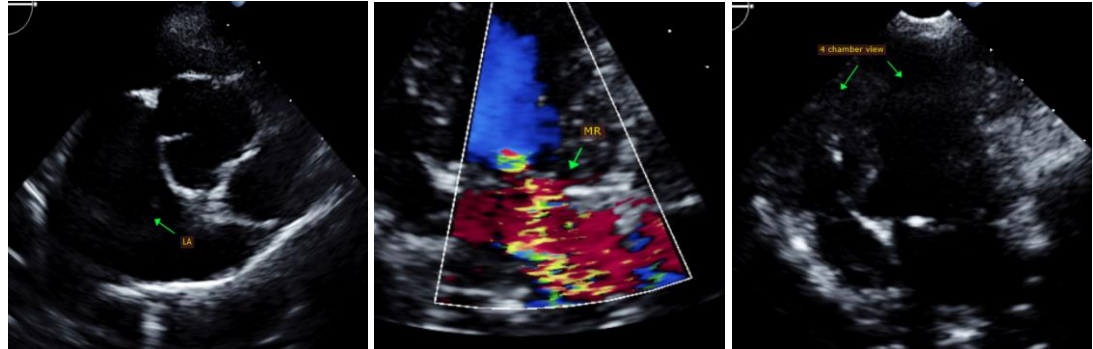
RECOMMENDATIONS

- 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 months, sooner if any development of clinical signs.

IMAGES



INTERPRETED BY

Maggie Machen Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Eduardo Rodrigues III, RCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

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

INVOICE

26361

DATE

9/14/22

Echocardiogram performed by:

Eduardo Rodrigues III, RCS
Pet Animal Ultrasound Service (4paus.com)