



PATIENT

Cody Blue Moon
Botaish

PRESENTING CLINICAL SIGNS

History: New grade III/VI systolic murmur: No clinical signs. BP: 128, 129, 135mmHg.
Phenobarbital BID for epilepsy.

SPECIES

Canine

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.

BREED

Havanese

Left atrium: The left atrium is minimally dilated.

Mitral valve: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Mild to moderate eccentric mitral regurgitation with a normal velocity.

SEX

Female Spayed

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

Right ventricle: Mild RV enlargement.

Right atrium: Mild RA enlargement.

AGE

13 years

Tricuspid valve: The tricuspid valve appears thickened with septal prolapse and moderate double jet of tricuspid regurgitation. Velocity consistent with mild pulmonary hypertension.

WEIGHT

19lbs

Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow. Mild MPA and branch dilation.

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.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.4
LA diam (cm)	2.1
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.7
LVID diastole (cm)	2.5
PW thickness (cm)	0.7
LVID systole (cm)	1.1
FS (%)	57

Doppler Measurements

PV Vmax (m/s)	0.8
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	5.1
TR Vmax (m/s)	3.2
TR PG (mmHg)	42

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

INTERPRETATION OF THE FINDINGS

The cause of the murmur is chronic degenerative valve disease causing mild to moderate mitral and moderate tricuspid regurgitation. Mild PAH is noted with mild right heart and MPA dilation. This is of unknown significance in an asymptomatic dog; however, follow up is advised. Lack of significant left atrial enlargement indicates the current risk for complication is low. No concurrent issues such as systolic dysfunction or pulmonary hypertension are noted in this study.

HOSPITAL NAME

Norfolk County
Veterinary Clinic

REFERRING VET

Dr. Poor

Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).

INVOICE

26385

DATE

9/15/22



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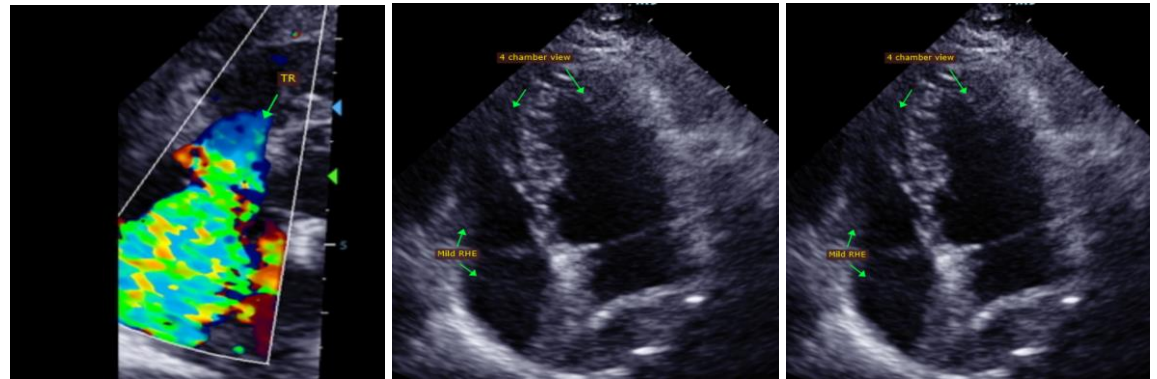
RECOMMENDATIONS

- In a dog without significant left atrial enlargement, 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 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.
- 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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