



**PATIENT**

Grady Wrynn

**SPECIES**

Canine

**BREED**

Cavachon

**SEX**

Male Neutered

**AGE**

7 years

**WEIGHT**

22.5lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Norfolk County VS

**REFERRING VET**

Dr. Poor

**INVOICE**

20900

**DATE**

9/7/21

**PRESENTING CLINICAL SIGNS**

History: Recheck, doing well. H/O CVD B2. Grade IV/VI murmur.  
Current medications: Pimobendan 2.5mg BID  
Pertinent previous echo findings (2/2021 MML): mild LVE, mod LAE, mod MR, mild TR, 2.6m/s, trace AI; LA 3.0, LV 4.0

**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 minimal prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with a normal velocity.  
**Aortic valve/Aorta:** The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Trace 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 septal prolapse and mild 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 130bpm.

**2-Dimensional Measurements**

Ao diam (cm)	1.6
LA diam (cm)	2.7
LA:Ao (Swe)	1.7
IVS thickness (cm)	0.8
LVID diastole (cm)	4.1
PW thickness (cm)	0.8
LVID systole (cm)	2.0
FS (%)	50

**Doppler Measurements**

PV Vmax (m/s)	0.87
AoV Vmax (m/s)	1.9
MR Vmax (m/s)	5.9
TR Vmax (m/s)	2.5
TR PG (mmHg)	25

**INTERPRETATION OF THE FINDINGS**

Chronic degenerative valve disease persists without evidence of significant progression. Moderate mitral and mild tricuspid regurgitation are unchanged, with stable pulmonary pressures and left heart dimensions. AI is similar to previous as well; however, routine BP monitoring remains advised. No additional issues are identified.



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Continued Pimobendan is recommended lifelong. Continued assessment of progression in the future will help predict long term outcome, however prognosis remains guarded at this stage (B2).

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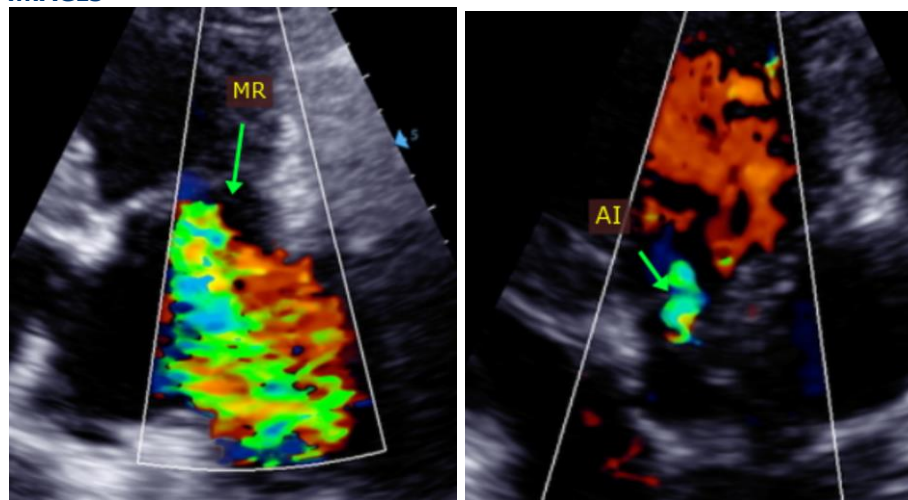
**RECOMMENDATIONS**

- Continue Pimobendan 0.3mg/kg PO q12h.
- Baseline blood pressure is recommended every 6 mo.
- 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 6-8 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. If the clinical or image interpretation does not parallel your findings



**PATIENT**

or if I can be of any further assistance please contact me.

**Grady Wrynn**

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

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