



PATIENT

Bama Schneider

SPECIES

Canine

BREED

Mix

SEX

Female Spayed

AGE

14 years

WEIGHT

18.7lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

26453

DATE

9/20/22

PRESENTING CLINICAL SIGNS

History: Bama is doing well at home with no issues. Good appetite and stable activity level. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 180mmHg x 5. Medications: 1) Pimobendan 7.5mg 1/3 tab twice a day 2) Enalapril 2.5mg 1.5 tabs twice a day 3) Benadryl 25mg 1 capsule daily 4) Snip tips *No sedation for study.

-Pertinent previous echo findings (2/8/22 MML): LA 2.7 cm; LA:Ao 1.7; LV 2. cm; mild-moderate LAE, moderate MR: moderate TR (3.1 m/s; 38 mmHg), mild pulmonary hypertension.

ECHOCARDIOGRAM FINDINGS

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

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

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

Mitral valve: The mitral valve is thickened with 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. 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 moderate tricuspid regurgitation. Velocity consistent with mild pulmonary hypertension.

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 120bpm.

2-Dimensional Measurements

Ao diam (cm)	1.8
LA diam (cm)	2.8
LA:Ao (Swe)	1.6
IVS thickness (cm)	0.6
LVID diastole (cm)	3.0
PW thickness (cm)	0.6
LVID systole (cm)	1.4
FS (%)	54

Doppler Measurements

PV Vmax (m/s)	0.82
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	5.4
TR Vmax (m/s)	2.8
TR PG (mmHg)	31

INTERPRETATION OF THE FINDINGS

Compared to the prior study, the LV is slightly increased; however, the remainder of the exam is stable. The LA is unchanged and mild pulmonary hypertension similar to previous. No additional issues are identified.

Given these findings, reasonable to continue two medications as prescribed. No additional medications are indicated.

Prognosis remains guarded long-term; however, this patient has remained stable for some time which is great news. No additional medications are indicated.



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The blood pressure is persistently elevated and may warrant further evaluation/treatment.

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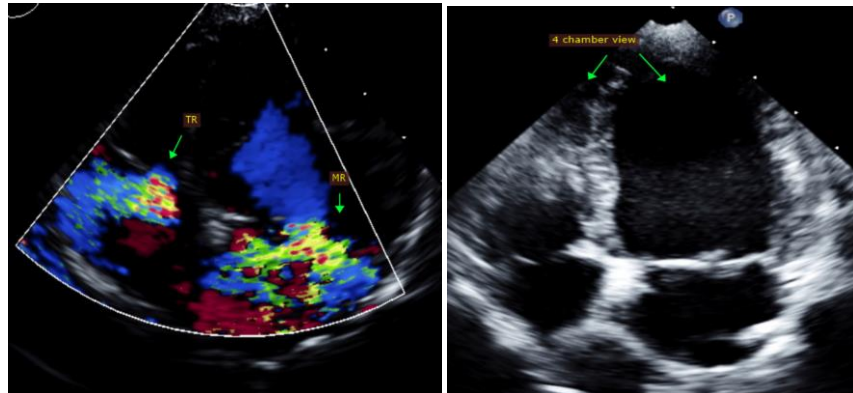
RECOMMENDATIONS

- Continue 2 medications as prescribed.
- Monitor BP as discussed.
- 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



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