



PATIENT

Howie Simonelli

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Male Neutered

AGE

13 years

WEIGHT

23.1lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

C. Belan, DVM

HOSPITAL NAME

Signal Hill Animal
Hospital

REFERRING VET

Dr. Lebouldus

INVOICE

21182

DATE

9/22/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. Assess prior to anesthesia.

-Pertinent previous echo findings (6/2020 MML): Mild MR, mild LAE, normal LV, no TR. LA; 2.5, LV: 3.16/1.84.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with minimal prolapse into the left atrial lumen. Mild eccentric mitral regurgitation with mild left atrial dilation. Normal MR velocity. Normal LV diameter with adequate myocardial function. The tricuspid valve appears normal with no tricuspid regurgitation. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. Mild aortic insufficiency. No pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses.

CARDIAC CHART

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	5.4	NA	NM	1.4	47	79	0.44
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LA 2D short axis Base view (cm)	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
PATIENT	135	1.6	1.2	10.5	2.5	3.1	1.7
*Normal chamber parameters expressed as a mean value (SD)							
BODY WEIGHT DEPENDENT PARAMETERS							
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>							
Adapted from June Boon, Veterinary Echocardiography, 1998 Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435 Hansson et al, Vet Rad and Ultrasound 2002 Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995				5	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
				10	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
				15	1.50 (3.8)	3.27 (3.5)	2.06 (3.1)
				20	1.83 (2.0)	3.71 (2.4)	2.43 (2.1)
				25	2.02 (1.9)	4.14 (2.2)	2.80 (2.0)
				30	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
				35	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
				40	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
40	2.62 (5.2)	5.48 (6.1)	3.96 (5.4)				
50	2.88 (7.1)	6.07 (8.3)	4.46 (7.4)				

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease persists without evidence of significant progression. Mild mitral regurgitation is unchanged with stable mild LA dilation. A small aortic leak is noted, and a baseline blood pressure is recommended. No additional issues are noted in this study.

Given these findings, no cardiac medications are clearly indicated. Continued assessment of progression in the future will help predict long term prognosis, which remains highly variable at this stage. Omega fatty acid supplementation and mild salt restriction may be of some long-term



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benefit. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

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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.

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Male Neutered

PLAN

Baseline BP is recommended.

AGE

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Recommend conservative monitoring with a recheck echocardiogram in 6-12 months, sooner if any development of clinical signs.

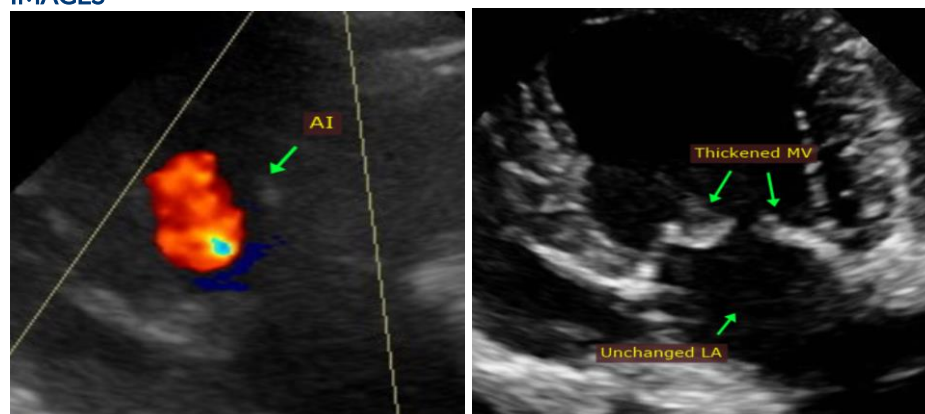
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IMAGES

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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.

HOSPITAL NAME

Signal Hill Animal Hospital

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.

REFERRING VET

Dr. Lebouldus

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