



**PATIENT**

Hennie Jelly

**SPECIES**

Canine

**BREED**

Chihuahua Mix

**SEX**

Male Neutered

**AGE**

5 years

**WEIGHT**

9.5lbs

**PRESENTING CLINICAL SIGNS**

History: Recently adopted. Grade III/VI systolic murmur; no clinical signs. Needs dental procedure. BP: 135-145mmHg. \*No sedation.

**ECHOCARDIOGRAM FINDINGS**

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

**Left ventricle:** Mild LV dilation 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 moderate prolapse into the left atrial lumen. Moderate to severe 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 normal with trivial tricuspid regurgitation.

**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 200bpm.

**2-Dimensional Measurements**

Ao diam (cm)	1.0
LA diam (cm)	1.8
LA:Ao (Swe)	1.8
IVS thickness (cm)	0.6
LVID diastole (cm)	2.8
PW thickness (cm)	0.6
LVID systole (cm)	1.5
FS (%)	48

**Doppler Measurements**

PV Vmax (m/s)	0.68
AoV Vmax (m/s)	1.0
MR Vmax (m/s)	4.9
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**INTERPRETATION OF THE FINDINGS**

Chronic degenerative valve disease causing moderate to severe mitral and trivial tricuspid regurgitation. Moderate left atrial enlargement indicates there is relatively low risk for imminent complication, however risk for progression to spontaneous congestive heart failure in the future is elevated. No additional issues are identified.

**HOSPITAL NAME**

Wignall Animal  
Hospital

Given LA dilation, Pimobendan is recommended as below. Assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).

**REFERRING VET**

Dr. Detelich

**RECOMMENDATIONS**

- Institute heart muscle support Pimobendan 0.3mg/kg PO q12h.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Once on Pimobendan for 3-5 days, anesthetic risk is considered moderate if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or

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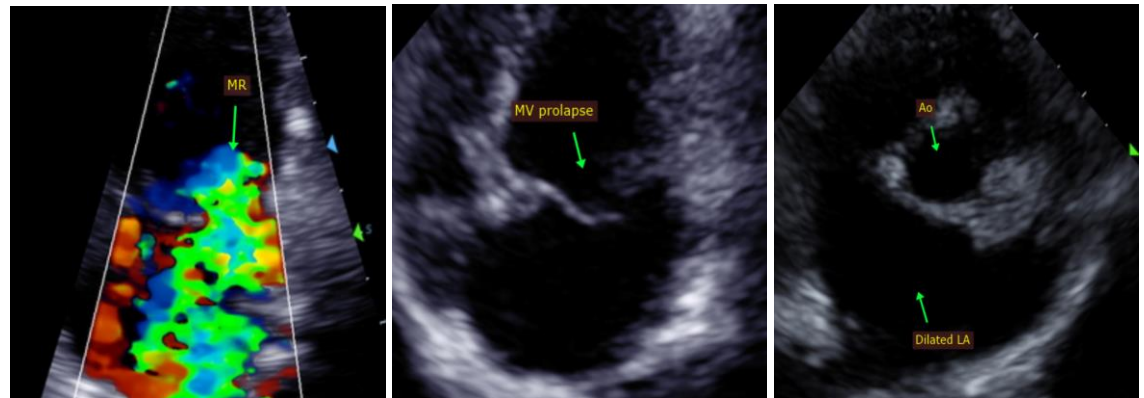
alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating 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.

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