



**PATIENT**

Sadie Calderon

**SPECIES**

Canine

**BREED**

Lhasa Apso

**SEX**

Female Spayed

**AGE**

7 years

**WEIGHT**

32.4lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Airport Animal  
Hospital

**REFERRING VET**

Dr. Gudluru

**INVOICE**

21240

**DATE**

9/27/21

**PRESENTING CLINICAL SIGNS**

History: New patient presented for assessment prior to dental prophylaxis. Previous hospital declined to do the dental because of her liver values' BW shows elevated ALP (602) and ALT (126). Radiographs showed findings suggestive of mitral/tricuspid disease. No murmur heard.  
-Current medications: Denamarin 225mg chews, 1/2 chew SID. Having bi-cavity ultrasound exams.  
-Abnormal PE/Chem/CBC/UA Results: BUN 34; BUN creatinine ratio 31; Urinalysis - protein 2+.

**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.

**Left atrium:** The left atrium is mildly dilated.

**Mitral valve:** The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Mild central mitral regurgitation.

**Aortic valve/aorta:** The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Mild 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 80bpm.

**2-Dimensional Measurements**

Ao diam (cm)	1.5
LA diam (cm)	2.4
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.8
LVID diastole (cm)	3.1
PW thickness (cm)	0.9
LVID systole (cm)	1.4
FS (%)	56

**Doppler Measurements**

PV Vmax (m/s)	0.77
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	NM
TR Vmax (m/s)	NM
TR PG (mmHg)	NA

**INTERPRETATION OF THE FINDINGS**

Chronic degenerative valve disease causing mild mitral and trivial tricuspid regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. A mild aortic leak is noted, and a **baseline blood pressure is strongly recommended**, particularly given proteinuria. No concurrent issues such as systolic dysfunction or pulmonary hypertension are noted in this study. Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).

**RECOMMENDATIONS**

- In a dog without significant left atrial enlargement, no cardiac medications are clearly indicated.



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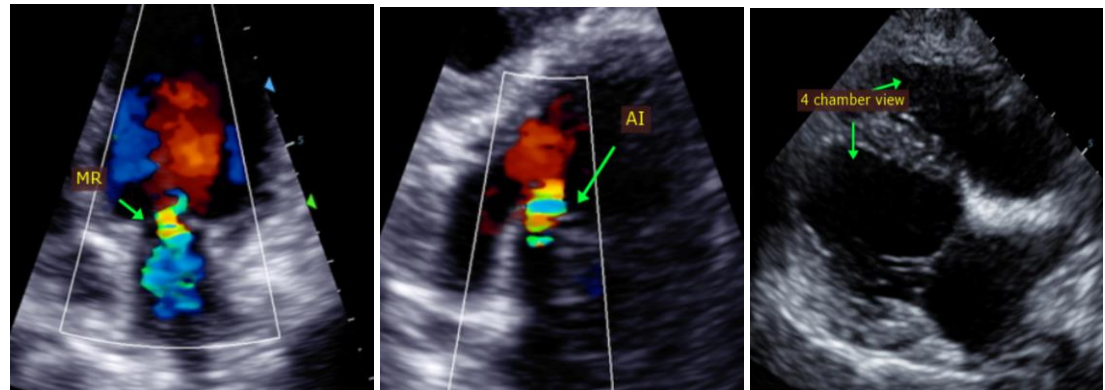
9/27/21

- 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. **Recommend pre-medicate with atropine given a low resting HR on exam.**
- 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**  
 Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
 info@sonopath.com