



PATIENT
Randy Harrington

SPECIES
Canine

BREED
Beagle Mix

SEX
Male Neutered

AGE
11 years

WEIGHT
53.1lbs

INTERPRETED BY
Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

**IMAGING
PERFORMED BY**
Pamela Harrigan,
RDCS

HOSPITAL NAME
Mass Veterinary
Specialty Services

REFERRING VET
Dr. Masloski

INVOICE
21257

DATE
9/28/21

PRESENTING CLINICAL SIGNS

History: Randy has a recent history of a disc issue. He is doing well otherwise with normal activity. Continues to have a good appetite. CV/RESP: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 120-130mmHg.
-Current medications: 1) Enalapril 10mg 1 tab twice a day 2) Carprofen/rimadyl 100mg 1/2 tab twice a day 3) Gabapentin 500mg 1/2 tab twice a day *No sedation.
-Pertinent previous echo findings (2/24/21 MML): LA 3.6 cm; LA:Ao 1.38; LV 4.0 cm; minimal LAE; moderate MR; mild TR (2.6 m/s).

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 mild prolapse into the left atrial lumen. Moderate mitral regurgitation with a normal velocity.
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 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 150bpm.

2-Dimensional Measurements

Ao diam (cm)	2.5
LA diam (cm)	3.6
LA:Ao (Swe)	1.45
IVS thickness (cm)	0.86
LVID diastole (cm)	4.1
PW thickness (cm)	0.9
LVID systole (cm)	2.3
FS (%)	44

Doppler Measurements

PV Vmax (m/s)	0.86
AoV Vmax (m/s)	1.6
MR Vmax (m/s)	5.7
TR Vmax (m/s)	2.7
TR PG (mmHg)	29

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with evidence of relative stability. Moderate mitral and mild tricuspid regurgitation are unchanged with no progression in left heart dimensions. The aortic leak is slightly improved, likely due to ACE-I therapy. No concurrent issues such as pulmonary hypertension are noted in this study.

Given these findings, continue ACE-I as was previously recommended. The blood pressure on exam was reasonable and no additional medications are indicated. Continued assessment of progression in the future will help predict long term prognosis, which remains highly variable at this stage (B1).



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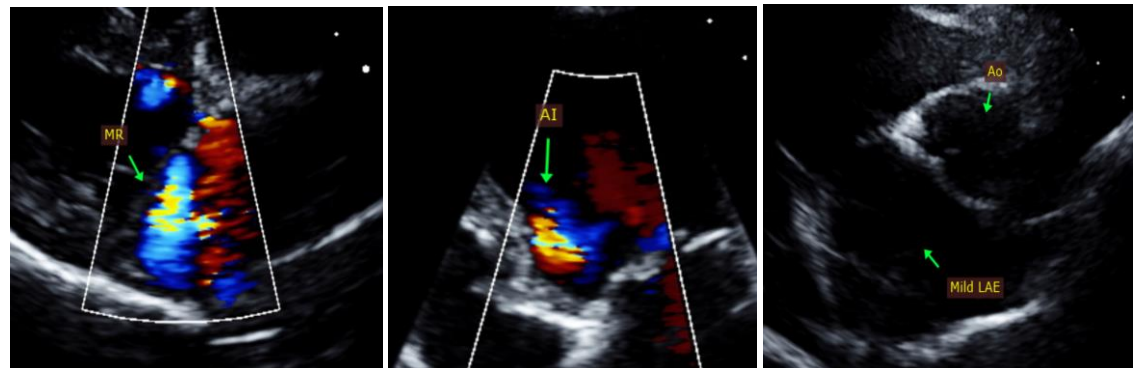
RECOMMENDATIONS

- Continue Enalapril as prescribed.
- 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 6-12 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)