


**PATIENT**

Bella Rivers

**PRESENTING CLINICAL SIGNS**

 History: Recheck echo. Grade 6 heart murmur, both sides.  
 -Current medications: Vetmedin 2.5mg BID.  
 -Pertinent previous echo findings (10/2020 MML): Mild MR, mild LAE, normal LV, mild TR:  
 3.5m/s. LA: 2.0, LV: 2.95, AV max: 2.3, PV max: 2.8.

**SPECIES**

Canine

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Mild thickening of mitral valve leaflets with minimal prolapse into the left atrial lumen. Mild eccentric mitral regurgitation with no left atrial dilation. Normal MR velocity. Normal LV diameter with adequate myocardial function. The tricuspid valve appears normal with mild tricuspid regurgitation. Mildly elevated velocity consistent with early pulmonary hypertension. 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. Mildly elevated velocity through both the aortic and pulmonic valves. No obvious aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses.

**BREED**

Cockerpool

**SEX**

Female Spayed

**AGE**

11 years

**CARDIAC CHART**
**WEIGHT**

18lbs

**INTERPRETED BY**

 Maggie Machen Lamy,  
 DVM DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**

Kelly Reschny, RVT

**HOSPITAL NAME**

 The Maples Animal  
 Hospital

**REFERRING VET**

Dr. Kazienko

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	5.7	3.0	1.1	1.1	50	84	0.2
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	174	2.0	2.3	8.2	1.5	2.5	1.3
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
BODY WEIGHT DEPENDENT PARAMETERS				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
*Note: All measurements based upon multi-modal images and methods. An average value is reported.				10	1.50 (3.8)	3.27 (3.5)	2.06 (3.1)
				15	1.83 (2.0)	3.71 (2.4)	2.43 (2.1)
				20	2.02 (1.9)	4.14 (2.2)	2.80 (2.0)
				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
				35	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 progression. Mild mitral and tricuspid regurgitation are unchanged, and the LA is normal in this study. Lack of significant left atrial enlargement indicates the current risk for complication is low. Mildly elevated velocity persists through both great vessels which was noted previously and is suspected to explain the majority of the murmur intensity. In the absence of lab work

**INVOICE**

21266

**DATE**

9/29/21



**PATIENT**

Bella Rivers

abnormalities, this is likely a normal physiologic finding; however, baseline lab work should be screened every 6 months. Mild pulmonary hypertension is unchanged, and no additional issues are identified.

**SPECIES**

Canine

Given these findings, no cardiac medications remain indicated and Pimobendan is likely unnecessary. Pending normal lab work and blood pressure, the prognosis is good going forward given a lack of progression over serial exams. Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

**BREED**

Cockapoo

**SEX**

Female Spayed

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.

**AGE**

11 years

**PLAN**

Baseline BP and screening lab work is recommended every 6 months. No indication for Pimobendan at this time.

**WEIGHT**

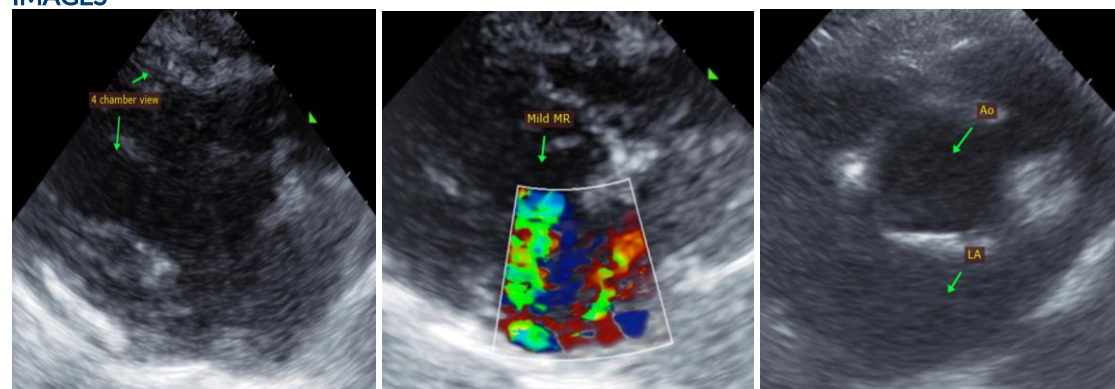
18lbs

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

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM DACVIM  
(Cardiology)

**IMAGES**



**IMAGING PERFORMED BY**

Kelly Reschny, RVT

**HOSPITAL NAME**

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Hospital

**REFERRING VET**

Dr. Kazienko

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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