



PATIENT

Lola Colella

SPECIES

Canine

BREED

Pitbull

SEX

Female Spayed

AGE

9 years

WEIGHT

67.8lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Eduardo Rodrigues III, RCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

26225

DATE

9/7/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B1. Currently, Lola has been panting more while at rest with an occasional cough noted. She is eating well and doing well otherwise. On exam: NSR, grade III/VI murmur with PMI left apical area, PSS, lung fields clear. BP: 150mmHg. Currently on Prozac 80 mg SID. *No sedation for study. -Pertinent previous echo findings 93/12/21 Tai Casagrande, DVM, DACVIM-Cardiology): LA 3.50 cm; LA:Ao 1.41; LV 4.12 cm; normal chamber sizes; moderate-severe MR; trivial TR.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is borderline with adequate myocardial function. LV wall thicknesses are normal.

Left atrium: The left atrium is mildly dilated.

Mitral valve: The mitral valve is diffusely thickened with minimal prolapse into the left atrial lumen. Moderate 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; 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 100bpm.

2-Dimensional Measurements

Ao diam (cm)	2.6
LA diam (cm)	3.7
LA:Ao (Swe)	1.4
IVS thickness (cm)	1.1
LVID diastole (cm)	4.7
PW thickness (cm)	1.1
LVID systole (cm)	2.9
FS (%)	42

Doppler Measurements

PV Vmax (m/s)	0.64
AoV Vmax (m/s)	1.5
MR Vmax (m/s)	5.7
TR Vmax (m/s)	2.2
TR PG (mmHg)	1.8

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing moderate mitral and trivial tricuspid regurgitation persists. Compared to the prior study, there are mild increases in both LA and LV dimensions; however, the disease remains within the mild category. No additional issues such as 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).

No cause for panting is seen with mild disease. Consider ancillary issues more likely.



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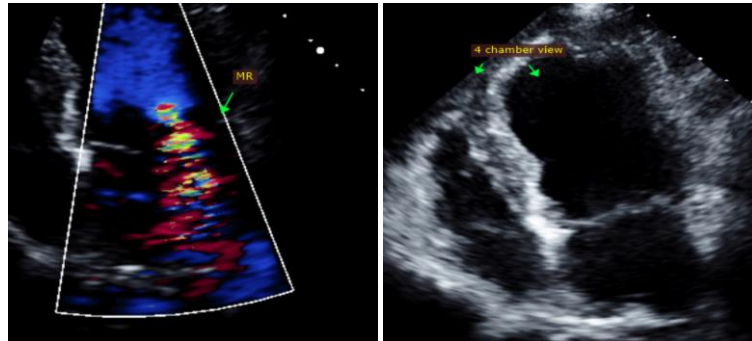
RECOMMENDATIONS

- Given these findings, no cardiac medications are clearly indicated.
- 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 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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Eduardo Rodrigues III, RCS
Pet Animal Ultrasound Service (4paus.com)