



**PATIENT**

Scamp Sweetland

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

Male Neutered

**AGE**

15 years

**WEIGHT**

16.88lbs

**INTERPRETED BY**

Maggie Machen Lamy, DVM DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Mass Veterinary Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

26235

**DATE**

9/7/22

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History chronic valvular disease, stable on prior study. Currently, Scamp is doing well. Good appetite; occasional cough. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right with grade II/VI tricuspid murmur, PSS, lung fields clear. BP: 140mmHg x 3. Medications: Pimobendan/vetmedin 5mg 1/2 tab twice a day \*No sedation for study.

-Pertinent previous echo findings (5/12/21 Maggie Machen Lamy, DVM, DACVIM-Cardiology) LA 2.2 cm; LA:Ao 1.3; LV 3.1 cm; mild LAE; mild LVE; moderate MR; moderate TR (3.0 m/s; 36 mmHg); mild pulmonary hypertension.

**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 thickened with prolapse into the left atrial lumen.

Moderate anterior-directed 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.

**Right atrium:** Normal RA dimension.

**Tricuspid valve:** The tricuspid valve appears mildly thickened with moderate double jet of tricuspid regurgitation. Velocity consistent with mild to moderate pulmonary hypertension.

**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 115bpm.

**2-Dimensional Measurements**

Ao diam (cm)	1.7
LA diam (cm)	2.2
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.8
LVID diastole (cm)	2.8
PW thickness (cm)	0.7
LVID systole (cm)	1.7
FS (%)	39

**Doppler Measurements**

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	NM
TR Vmax (m/s)	3.2
TR PG (mmHg)	42

**INTERPRETATION OF THE FINDINGS**

Chronic degenerative valve disease persists with overall stability. Moderate mitral and tricuspid regurgitation are unchanged. The left dimensions are consistent with the previous exam and pulmonary hypertension stable.

Given these findings, no additional medications are indicated. Continue Pimobendan lifelong. Assessment of progression in the future will help predict long term outcome, however prognosis remains guarded at this stage (B2).



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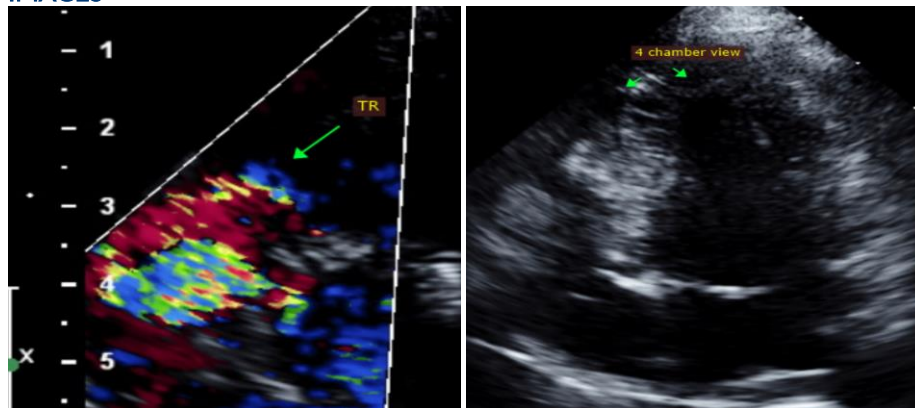
**RECOMMENDATIONS**

- Continue Pimobendan as prescribed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Monitor for signs of progressive PAH, including exertional dyspnea/collapse. An increase in coughing at any time should be assessed via CXR to determine respiratory v cardiac origin.
- 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.

Maggie Machen Lamy, DVM  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com

**Echocardiogram performed by:**

Pamela Harrigan, RDCS  
Pet Animal Ultrasound Service (4paus.com)