



**PATIENT**

Emme White

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Female Spayed

**AGE**

9 years

**WEIGHT**

11.25lbs

**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**

20922

**DATE**

9/8/21

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History chronic valvular disease - Stage B2. Current presentation: Emme is presently doing well. No coughing but has had some brief episodes of labored breathing. Good appetite and energy. She has also been PU/PD since the beginning of summer with fur loss noted. Will do Cushing's workup. CV/RESP: NSR, grade III/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 140-150mmHg. No medications. -Pertinent previous echo findings ( 8/18/20 MML): LA 1.9 cm; LA:Ao 1.5; LV 2.8 cm; mild LAE; mild-moderate MR; mild TR (2.3 m/s). \*No sedation.

**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 progressively dilated.  
**Mitral valve:** The mitral valve is diffusely thickened with minimal prolapse into the left atrial lumen. Mild to 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. Trace 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:** Mild thickening of tricuspid valve with 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 120bpm.

**2-Dimensional Measurements**

Ao diam (cm)	1.5
LA diam (cm)	2.2
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.7
LVID diastole (cm)	2.55
PW thickness (cm)	0.7
LVID systole (cm)	1.8
FS (%)	31

**Doppler Measurements**

PV Vmax (m/s)	0.81
AoV Vmax (m/s)	1.47
MR Vmax (m/s)	5.1
TR Vmax (m/s)	2.7
TR PG (mmHg)	30

**INTERPRETATION OF THE FINDINGS**

Chronic degenerative valve disease persists with evidence of mild progression. While the LA dimension is increased comparatively, it remains within the mild category and the LV remains normal. No additional issues are identified such as pulmonary hypertension.

Given these findings, no medications are indicated and the prognosis remains variable at this stage (B1).

**RECOMMENDATIONS**

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



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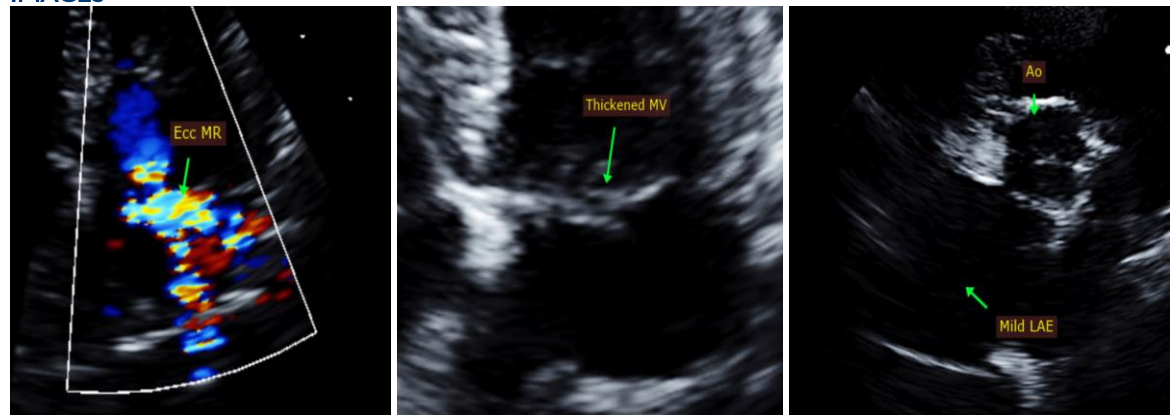
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- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane 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 6-8 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)