



PATIENT

Eli Parent

SPECIES

Chihuahua Mix

BREED

Cavalier

SEX

Male Neutered

AGE

11 years

WEIGHT

25.5lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

28387

DATE

1/17/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Presently, Eli is doing well at home. Good appetite and normal activity level. On exam: NSR, grade IV/VI murmur with PMI left apical area, PSS, lung fields clear, mm pink, moist, CRT < 2. BP: 160 mmHg x 3; 180 mmHg x 4. Current medications: 1) Pimobendan/vetmedin 5mg 1/2 tab twice a day 2) Enalapril 2.5mg 1.5 tabs twice a day 3) Ursodiol 250mg 1/2 tab with food daily *No sedation for study. -Pertinent previous echo findings (9/13/22 MML): LA 2.78 cm; LA:Ao 1.7; LV 3.1 cm; moderate LAE; mild LVE; mild-moderate MR; no TR.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is mildly increased with adequate function. LV wall thicknesses are normal.
Left atrium: The left atrium is moderately 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: Mild sub-aortic narrowing is noted. Mildly elevated 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 mildly thickened with no obvious tricuspid regurgitation.
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 110bpm.

2-Dimensional Measurements

Ao diam (cm)	1.5
LA diam (cm)	2.5
LA:Ao (Swe)	1.7
IVS thickness (cm)	0.9
LVID diastole (cm)	2.9
PW thickness (cm)	0.9
LVID systole (cm)	1.4
FS (%)	52

Doppler Measurements

PV Vmax (m/s)	1.1
AoV Vmax (m/s)	2.7
MR Vmax (m/s)	5.9
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Persistently stable disease. Moderate LA/LV enlargement are unchanged, without obvious progression in quantitative MR. Mildly elevated aortic outflow velocity is unchanged from previously and no additional issues are identified.

Given these findings, continue medications as previously recommended. Prognosis remains guarded.



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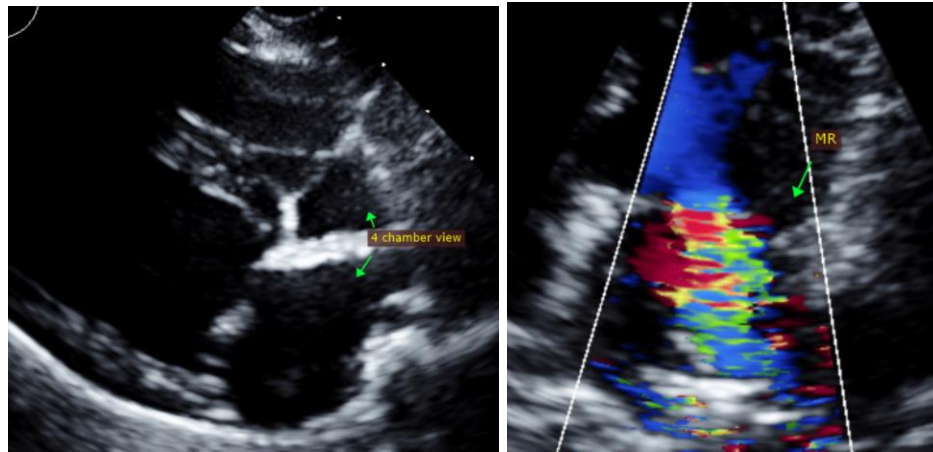
RECOMMENDATIONS

- Continue Pimobendan and 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 6-9 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)