



PATIENT

Lily Ann Lowery

SPECIES

Canine

BREED

Chihuahua

SEX

Female Spayed

AGE

6.5 years

WEIGHT

6.4lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Compassionate Care
Veterinary Clinic

REFERRING VET

Dr. Coates

INVOICE

28147

DATE

1/6/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular heart disease - Stage B2. During previous echocardiogram, heart murmur was grade III/VI. During annual exam in Dec. 2022, heart murmur appears to have increased to V-VI/VI - palpable murmur, bilateral, audible with stethoscope off chest wall. Owner does not report any signs of CHF - no tachypnoea/dyspnea. *Coughing has not been observed with this patient. HR 124, RR 20, pulses synchronous. No adventitious lung sounds.

-Pertinent previous echo findings (4/15/22 MML): LA 1.8 cm, LA: Ao 1.6, LV 2.3 cm, moderate LAE, moderate MR, moderate TR(2.9 m/s; 35 mmHg), early pulmonary hypertension. Current meds: Pimobendan 1.6mg/ml 0.5ml BID.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is borderline increased with hyperdynamic function. LV wall thicknesses are normal.

Left atrium: The left atrium is moderately dilated.

Mitral valve: The mitral valve is diffusely thickened with mild 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 mildly thickened with septal prolapse and moderate tricuspid regurgitation. Velocity consistent with early 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 150bpm.

2-Dimensional Measurements

Ao diam (cm)	1.1
LA diam (cm)	2.0
LA:Ao (Swe)	1.8
IVS thickness (cm)	0.44
LVID diastole (cm)	2.4
PW thickness (cm)	0.44
LVID systole (cm)	0.8
FS (%)	69

Doppler Measurements

PV Vmax (m/s)	0.5
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	5.0
TR Vmax (m/s)	2.9
TR PG (mmHg)	35

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with overall stability. Moderate mitral and moderate tricuspid regurgitation are quantitatively stable without significant progression in left or right heart enlargement. Pulmonary hypertension is unchanged and no additional issues are identified.

Given these findings, continue Pimobendan is recommended as below. Continued assessment of progression in the future will help predict long term outcome, however prognosis remains guarded at this stage (B2).



PATIENT

Lily Ann Lowery

SPECIES

Canine

BREED

Chihuahua

SEX

Female Spayed

AGE

6.5 years

WEIGHT

6.4lbs

INTERPRETED BY

Maggie Machen Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Compassionate Care Veterinary Clinic

REFERRING VET

Dr. Coates

INVOICE

28147

DATE

1/6/23

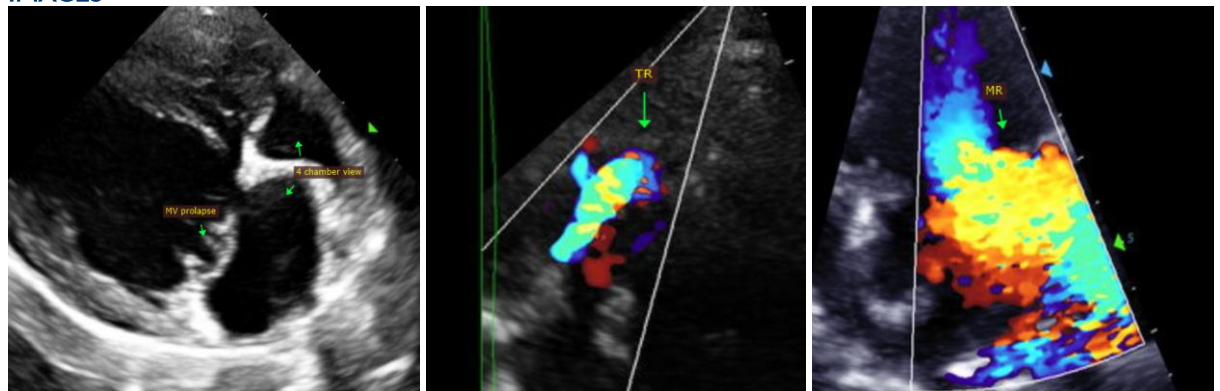
RECOMMENDATIONS

- Continue Pimobendan 0.3mg/kg PO q12h.
- 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 6-12 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
 Diplomat of the American College of Veterinary Internal Medicine (Cardiology)
 info@sonopath.com