



**PATIENT**

Indira Rucki

**SPECIES**

Canine

**BREED**

Havanese

**SEX**

Female Spayed

**AGE**

10 years

**WEIGHT**

11.81lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History chronic valvular disease - Stage B2 noted on prior echo 2/22/22 (MML). Also noted was borderline LVH, aortic insufficiency (uncontrolled SHT), mild TR with severely elevated velocity. Currently, Indy is currently doing very well with a good appetite and normal activity level. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. Current medications: 1) Pimobendan/vetmedin 1.25mg 1 tab twice a day 2) Telmisartan 20mg 1/4 tab daily 3) Clopidogrel/Plavix 10mg/ml 0.6mls daily 4) Omega 3 fatty acids daily 5) Gabapentin 50mg as needed for vet visits---- given 7: 15 this morning 6) Hydrocodone with homatropine/hycodan 5mg/ml 1.3ml prn 7) Amlodipine 2.5mg 1 tab twice a day 8) Enalapril 5mg 1 tab twice a day \*No sedation for study.  
-Pertinent previous echo measurements: LA 2.8cm; LA:Ao 2.2; LV 2.7cm; LVOT 1.8cm; TR Vmax 5.3cm; 114mmHg.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and Doppler imaging is available.  
**Left ventricle:** The LV is normal in dimension with adequate function. LV wall thicknesses are minimally increased (improved).  
**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. Normal velocity.  
**Aortic valve/Aorta:** The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Mild aortic insufficiency.  
**Right ventricle:** Mild right ventricular hypertrophy.  
**Right atrium:** The RA is normal.  
**Tricuspid valve:** The tricuspid valve appears mildly thickened with trace tricuspid regurgitation. Velocity consistent with mild pulmonary hypertension.  
**Pulmonic valve/Pulmonary artery:** The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity.  
**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.

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

26815

**DATE**

10/11/22

**2-Dimensional Measurements**

Ao diam (cm)	1.3
LA diam (cm)	2.4
LA:Ao (Swe)	1.8
IVS thickness (cm)	0.7
LVID diastole (cm)	2.2
PW thickness (cm)	0.7
LVID systole (cm)	0.9
FS (%)	59

**Doppler Measurements**

PV Vmax (m/s)	1.3
AoV Vmax (m/s)	1.8
MR Vmax (m/s)	6.4
TR Vmax (m/s)	3.
TR PG (mmHg)	41

**INTERPRETATION OF THE FINDINGS**

Compared to the prior study, there is evidence of improvement overall. The reported blood pressure is now well controlled, which has presumably led to improved LV wall dimensions and improved aortic insufficiency. The LA is improved as well, with moderate persistent left atrial enlargement indicating low risk for complication at this time. The TR velocity is no longer significantly elevated with mild persistent pulmonary hypertension. Finally, the RV does appear improved comparatively with no significant RVOTO and improved RVH.



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Presumably the improvement seen here is due to adequate blood pressure control and continued medications are warranted lifelong. No indication for additional medications at this time. Monitor of signs of progressive PAH, including exertional dyspnea or collapse. Assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).

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**RECOMMENDATIONS**

- Continue all medications as prescribed.
- Monitor BP every 4-6 months.
- Continue Hydrocodone as needed.
- 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.

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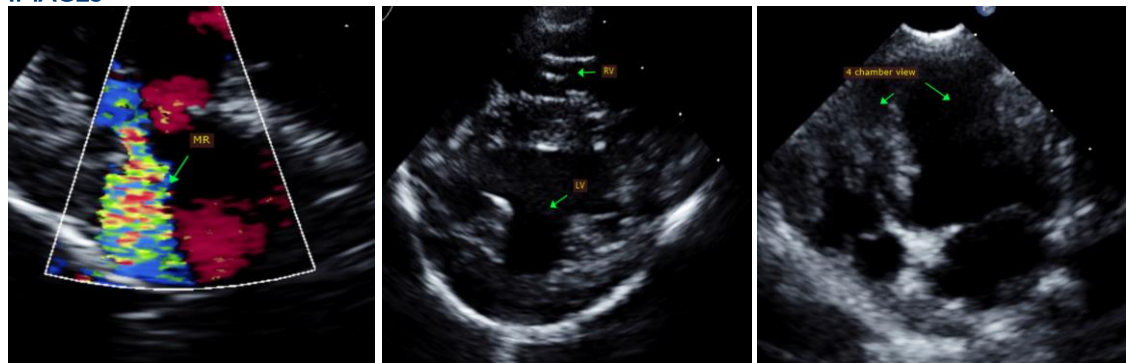
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**IMAGES**





Mass Veterinary  
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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.

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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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Havanese

Maggie Machen Lamy, DVM  
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**Echocardiogram performed by:** Pamela Harrigan, RDCS  
Pet Animal Ultrasound Service (4paus.com)

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