



PATIENT

Bruiser Woods
Seymour

SPECIES

Canine

BREED

Chihuahua

SEX

Male Neutered

AGE

15 years

WEIGHT

11.5lbs

PRESENTING CLINICAL SIGNS

History: Bruiser Woods has been coughing at night, worse with stress. Had an echocardiogram done in October of last year that was consistent with mild valvular disease (report not available). Mild dyspnea in the morning but no exercise intolerance. Good appetite. He was placed on theophylline for a suspected bronchitis. CV/RESP: pronounced sinus arrhythmia, grade I/VI murmur with PMI left apical area, PSS lung fields harsh on inspiration L>R, some clear nasal discharge noted. BP: 120mmHg. No medications. *No sedation for study.

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 enlarged.

Mitral valve: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Mild eccentric mitral regurgitation. 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: Prominent RA.

Tricuspid valve: The tricuspid valve appears mildly thickened with septal prolapse and mild tricuspid regurgitation. Velocity consistent with early pulmonary hypertension.

Pulmonary 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.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.2
LA diam (cm)	1.8
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.7
LVID diastole (cm)	2.0
PW thickness (cm)	0.7
LVID systole (cm)	1.0
FS (%)	50

Doppler Measurements

PV Vmax (m/s)	0.84
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	5.6
TR Vmax (m/s)	2.8
TR PG (mmHg)	32

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Specialty Services

REFERRING VET

Dr. Masloski

INTERPRETATION OF THE FINDINGS

The cause of the murmur is chronic degenerative valve disease causing mild mitral and mild tricuspid regurgitation. Lack of chamber enlargement indicates the current risk for complication is low. Mild pulmonary hypertension is suspected based upon mild right heart prominence and an elevated TR velocity, which is likely developing secondary to the chronic cough. No concurrent issues such as systolic dysfunction are noted in this study. Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).

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Given these findings, the cough is certainly non-cardiogenic in origin. Respiratory disease is considered most likely, and screening chest radiographs may be helpful as a baseline. If the cough is poorly controlled/progresses long term, this can certainly lead to worsening of PAH. Clinical signs of significant PAH include exertional dyspnea/collapse. Continued



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monitoring is advised. Cough control is recommended lifelong (hydrocodone, intermittent AI prednisone, fluoroquinolone for acute flare up, etc.).

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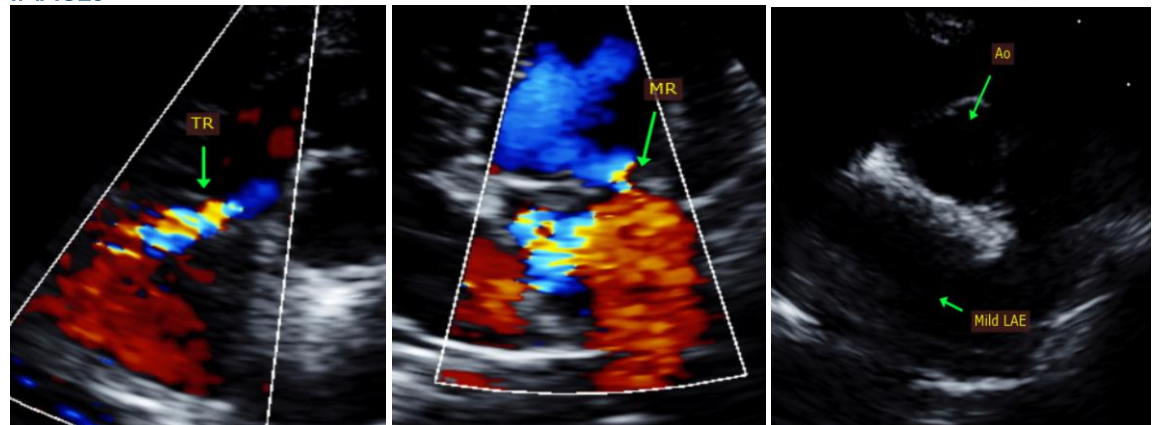
RECOMMENDATIONS

- In a dog without significant atrial enlargement, no cardiac medications are clearly indicated.
- Continue hydrocodone as needed; consider more aggressive dose/frequency.
- Consider further respiratory work-up/treatment as discussed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- No cardiac contraindication for general anesthesia. Pre-oxygenate for five minutes and recover in O2 if possible. Mild IV fluid restriction is advised.
- Monitor for development of a progressive 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.

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Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)