



PATIENT

Griffin Consolini

SPECIES

Canine

BREED

Terrier Mix

SEX

Male Neutered

AGE

13 years

WEIGHT

14lbs

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

21583

DATE

10/19/21

PRESENTING CLINICAL SIGNS

History: History mitral valve disease with marked MR; trivial TR (echo measurements not available). Current presentation: Griffin was seen earlier this month for an episode of congestive heart failure and started on pimobendan, Lasix and enalapril. Griffin's appetite is fair at this point, there are days he does not wish to eat. He has been coughing for several years ; no dyspnea. No S/V/D/PU/PD. CV/RESP: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 160mmHg x 4.

-Current medications: 1) Pimobendan/vetmedin 1.25mg 1 tab twice a day 2) Enalapril 2.5mg 1 tab twice a day 3) Lasix/furosemide 12.5mg 1 tab twice a day 4) Apoquel 5.4mg 1/2 tab daily
*No sedation for study.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: There is borderline LV dilation with adequate function. LV wall thicknesses are normal.

Left atrium: The left atrium is moderately enlarged.

Mitral valve: The mitral valve is diffusely thickened with significant prolapse into the left atrial lumen. Moderate 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 indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: Normal RA dimension.

Tricuspid valve: The tricuspid valve appears normal with no 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 160bpm.

2-Dimensional Measurements

Ao diam (cm)	1.5
LA diam (cm)	2.5
LA:Ao (Swe)	1.66
IVS thickness (cm)	0.6
LVID diastole (cm)	2.7
PW thickness (cm)	0.6
LVID systole (cm)	0.9
FS (%)	66

Doppler Measurements

PV Vmax (m/s)	0.75
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	5.2
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing moderate mitral regurgitation is identified.

Moderate left atrial enlargement indicates there is relatively low risk for imminent complication, however risk for progression to spontaneous congestive heart failure in the future is elevated. No additional issues such as systolic dysfunction are appreciated.



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While it is uncommon for moderate valve disease to lead to CHF, if there was radiographic evidence of pulmonary edema and/or the patient responded significantly to institution of medications, this may support the diagnosis. Further historical information is advised. In this instance, lifelong medication should be continued as below. That being said, if there is any question on the diagnosis, I would consider submitting the films for Radiologist review in light of the echo findings. Further evaluation is advised.

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If confirmed, the average survival of canine patients with active pulmonary edema is 8-9 months on medications, however they generally are able to maintain a good quality of life for that period. Patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future. Monitoring of renal values is recommended lifelong.

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RECOMMENDATIONS

- Consider prior diagnosis/Radiologist review as discussed.
- If CHF is suspected, continue Lasix 1-2mg/kg PO q12h.
- If CHF is not confirmed or suspected, consider discontinue Lasix therapy.
- Utilize Hydrocodone if needed for quality of life.
- Regardless of clinical signs, continue Pimobendan 0.25-0.3mg/kg PO q12h.
- Regardless of clinical signs, continue Enalapril 0.5mg/kg PO q12h.
- Anesthetic risk is considered moderate and judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance.

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PLAN

- Monitor renal values and BP every 3-4 months.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

IMAGING PERFORMED BY

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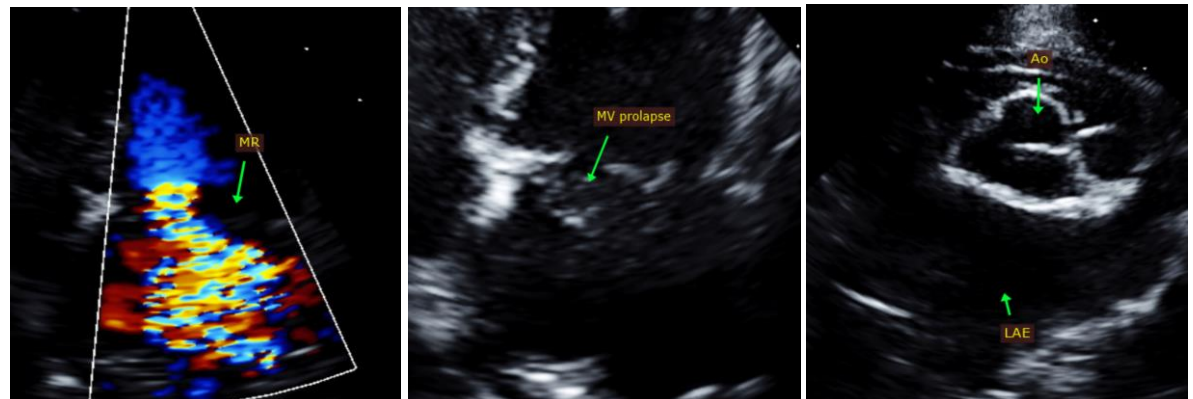
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IMAGES





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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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Terrier Mix

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
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Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)

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