



PATIENT

Fat Boy Seagrave

SPECIES

Canine

BREED

Shih Tzu

SEX

Male Neutered

AGE

13 years

WEIGHT

17.1lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Compassionate Care
Veterinary Clinic

REFERRING VET

Dr. Farrington

INVOICE

21672

DATE

10/22/21

PRESENTING CLINICAL SIGNS

History: History of tracheal cough and heart murmur. Presented two weeks ago with mucoid discharge, worsening cough and decreased appetite. Started on Doxycycline and discharge improved but not cough. Before they came to pick up the Lasix, the dog developed significant dyspnea and presented in CHF. Treated with oxygen, Lasix, Enalapril and Vetmedin and responded very well. Physical exam findings : Chronic sparse coat, hepatomegaly and elevated. Alkphos have been suspicious of Cushing's Disease. Has never been PU/PD per owner. Grade III/VI murmur and tracial cough x4 years. No exercise intolerance. 1-year hx of Hypercalcemia. -Current medication: Enalapril 0.35mg BID; Lasix 1.5 mg BID; Vetmedin 0.3 mg BID Eating Merrick grain free healthy weight diet. Sedated with torb/midaz.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: Mild LV dilation with hyperdynamic myocardial function.

Left atrium: The left atrium is severely dilated.

Mitral valve: Mild diffuse thickening of mitral valve leaflets with prolapse into the left atrial lumen. Severe 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: No RV dilation.

Right atrium: No right atrial dilation.

Tricuspid valve: The tricuspid valve appears mildly thickened, with mild tricuspid regurgitation. Normal velocity.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. The MPA appears mildly dilated. Normal pulmonic outflow velocities with laminar flow. No PI.

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)	1.5
LA diam (cm)	3.5
LA:Ao (Swe)	2.3
IVS thickness (cm)	0.8
LVID diastole (cm)	3.75
PW thickness (cm)	0.8
LVID systole (cm)	2.0
FS (%)	47

Doppler Measurements

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	5.4
TR Vmax (m/s)	2.4
TR PG (mmHg)	24

INTERPRETATION OF THE FINDINGS

The cause of the murmur is chronic degenerative valve disease causing severe mitral and mild tricuspid regurgitation. Severe left atrial enlargement indicates the risk for spontaneous congestive heart failure is elevated. No additional issues are identified.

In light of the prior clinical signs, reported response to therapy and severity of disease on echocardiogram, the diagnosis of congestive heart failure is supported, and continued medications are warranted lifelong as below.

The average survival time 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



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period. Patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

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RECOMMENDATIONS

- Continue Lasix/furosemide 1-2mg/kg PO q12h.
- Institute Spironolactone 1-2 mg/kg PO q 12h.
- Continue Pimobendan 0.25-0.3 mg/kg PO q12h.
- Continue ACE-I as prescribed pending BP evaluation >130mmHg.
- Cough suppression to improve QOL can also be considered (hydrocodone, 0.2-0.4mg/kg up to q4-6h PRN) for any residual mechanical cough in the face of normal sleeping respiratory rates.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.
- Monitoring of sleeping respiratory rates will be paramount to screen for congestive heart failure at home.
- Elective anesthesia is not advised.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

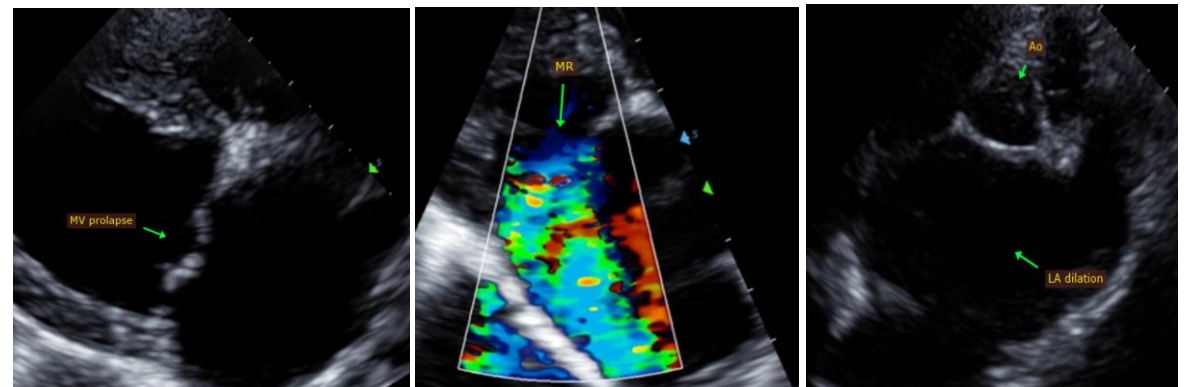
PLAN

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

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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.

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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