



PATIENT

Buddy Gilley

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Male Neutered

AGE

11 years

WEIGHT

7.56lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

27116

DATE

10/26/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Current presentation: Buddy is no longer taking any torbutrol which has caused his collapsing trachea to get worse. Constant coughing (wet sounding). Some labored breathing noted. Occasional sneeze. Good appetite and normal activity level. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, inspiratory crackles noted L>R. BP: 100 mmHg x 3. Current medications: Pimobendan/vetmedin 0.9375mg 1 capsule twice a day *No sedation for study.
-Pertinent previous echo findings (9/1/21 MML): LA 2.2 cm; LA:Ao 1.8; LV 2.9 cm; moderate LAE; normal LV size; mild MR; moderate TR (3.3 m/s; 43 mmHg).

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 moderate to severely dilated.

Mitral valve: The mitral valve is diffusely thickened mild prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with a normal velocity.

Aortic valve/aorta: The aortic valve is mildly thickened. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

Right ventricle: Mild right ventricular enlargement.

Right atrium: Mild RA enlargement.

Tricuspid valve: The tricuspid valve appears mildly thickened with moderate tricuspid regurgitation. Velocity consistent with moderate 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)	1.2
LA diam (cm)	2.5
LA:Ao (Swe)	2.1
IVS thickness (cm)	0.5
LVID diastole (cm)	2.6
PW thickness (cm)	0.5
LVID systole (cm)	1.3
FS (%)	50

Doppler Measurements

PV Vmax (m/s)	0.9
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	5.9
TR Vmax (m/s)	3.7
TR PG (mmHg)	55

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with evidence of progression. Moderate mitral regurgitation is similar; however, the LA is progressively dilated. Additionally, the pulmonary hypertension is now moderate with right heart enlargement. No additional issues are identified.

Given these findings, recommend Sildenafil as below as the patient has reported labored breathing. Additionally, aggressive cough treatment is recommended to not only improve quality of life but to help slow progression in pulmonary hypertension.



PATIENT
Buddy Gilley

Prognosis is guarded long-term with risk for progression to CHF, development of arrhythmias and/or sudden death in the future.

SPECIES
Canine

BREED

Yorkshire Terrier

SEX

Male Neutered

AGE

11 years

WEIGHT

7.56lbs

RECOMMENDATIONS

- Continue Pimobendan 0.3mg/kg PO q12h.
- Institute Sildenafil 1-2mg/kg PO q12h.
- Aggressive cough suppression recommended.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is considered moderate 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.

IMAGES

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

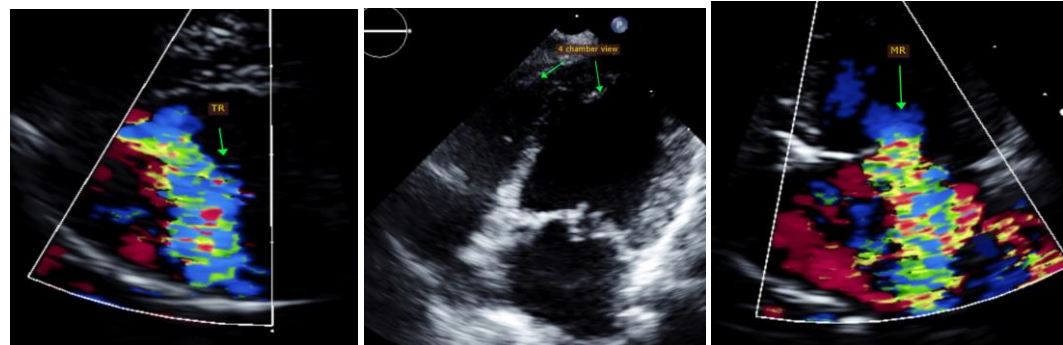
Dr. Masloski

INVOICE

27116

DATE

10/26/22



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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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