



PATIENT

Henry Newport

SPECIES

Canine

BREED

Dachshund

SEX

Male Neutered

AGE

12 years

WEIGHT

14.14lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Recently, Henry was seen for hemoptysis for which he was treated. He is still coughing a bit, but no more blood noted. Henry is eating well---currently on a bland diet. His activity level is normal. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 150mmHg x 5. 1) Pimobendan/vetmedin 3.75mg 1/2 tab twice a day 2) Sucralfate/Carafate 1/2 tab in slurry three times a day 3) Omeprazole 10mg 1 capsule twice a day *Sedated with propofol for study.

-Pertinent previous echo findings (4/5/22 MML): LA 2.9 cm; LA:Ao 1.8; LV 3.0 cm; moderate LAE; mild LVE; moderate MR; moderate TR (2.2 m/s).

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is mildly increased with hyperdynamic function. LV wall thicknesses are normal.

Left atrium: The left atrium is moderately dilated.

Mitral valve: The mitral valve is diffusely thickened with prolapse into the left atrial lumen. Mild to moderate 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: Mild RV enlargement.

Right atrium: Mild RA enlargement.

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

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.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 120bpm.

2-Dimensional Measurements

Ao diam (cm)	1.6
LA diam (cm)	2.7
LA:Ao (Swe)	1.7
IVS thickness (cm)	0.8
LVID diastole (cm)	3.0
PW thickness (cm)	0.9
LVID systole (cm)	1.5
FS (%)	40

Doppler Measurements

PV Vmax (m/s)	0.5
AoV Vmax (m/s)	0.9
MR Vmax (m/s)	4.5
TR Vmax (m/s)	2.0
TR PG (mmHg)	16

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

26690

DATE

10/4/22

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with evidence of stability. Moderate mitral and tricuspid regurgitation are unchanged without progressive left or right heart enlargement. No pulmonary hypertension or other issues are identified.

Given these findings, continue Pimobendan is recommended going forward. No obvious indication for additional medications at this time. The cough is unlikely to be cardiogenic in origin and continued respiratory work-up/treatment is warranted. Continued



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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 Pimobendan 0.3mg/kg PO q12h.
- Continue further respiratory work up/treatment as indicated.
- 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.

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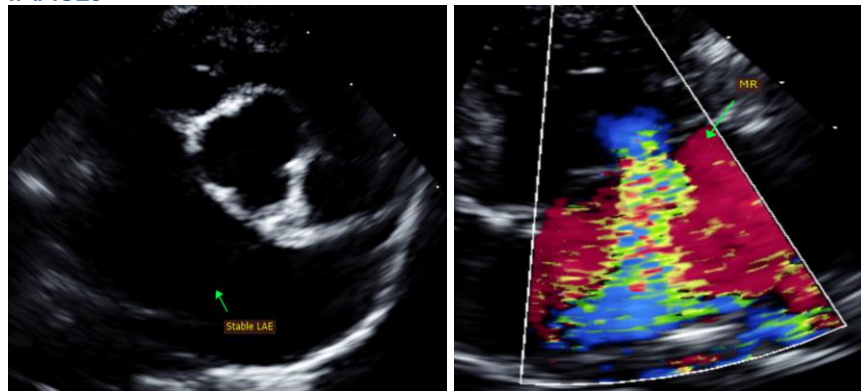
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

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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.

REFERRING VET

Dr. Masloski

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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10/4/22

Echocardiogram performed by:

Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)