



PATIENT

Sadie Cotnoir

SPECIES

Canine

BREED

Puggle

SEX

Female Spayed

AGE

13 years

WEIGHT

31.8lbs

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

21355

DATE

10/5/21

PRESENTING CLINICAL SIGNS

History: Sadie was seen mid-July for a cough. A chest film revealed mild cardiomegaly with diffuse bronchial pattern with some mineralization noted and a mass effect dorsal to the heart. Repeat films did not confirm a mass effect. Sadie did have some trouble breathing a few weeks ago which improved with prednisone. She is still coughing but inconsistently. Her appetite and activity have remained the same, but she is losing weight with a 1/2-pound weight loss over the past 2 months. CV/RESP: NSR, grade II-III/VI murmur with PMI left apical area, lung fields clear. BP: 210-220mmHg.

-Current medications: Prednisone 5mg 1 tab twice a day.

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 minimal prolapse into the left atrial lumen. 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: 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 mildly thickened with septal prolapse and a mild tricuspid regurgitation. Velocity consistent with early PAH.

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 140bpm.

2-Dimensional Measurements

| | |
|--------------------|-----|
| Ao diam (cm) | 1.7 |
| LA diam (cm) | 3.3 |
| LA:Ao (Swe) | 1.9 |
| IVS thickness (cm) | 1.1 |
| LVID diastole (cm) | 3.6 |
| PW thickness (cm) | 1.1 |
| LVID systole (cm) | 1.7 |
| FS (%) | 53 |

Doppler Measurements

| | |
|----------------|-----|
| PV Vmax (m/s) | 0.9 |
| AoV Vmax (m/s) | 1.7 |
| MR Vmax (m/s) | 5.4 |
| TR Vmax (m/s) | 3.1 |
| TR PG (mmHg) | 39 |

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing moderate mitral and mild tricuspid regurgitation. 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. Early pulmonary hypertension is noted which is likely due to chronic LA pressure elevation and a chronic cough. No additional issues are identified.

Given LA dilation, Pimobendan is recommended as below. Assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).

The cough is suspected to be due to a combination of mainstem bronchi compression and potentially airway disease in this predisposed breed. Repeat chest films, hydrocodone, etc.



PATIENT
Sadie Cotnoir

may be useful for quality of life. The response to Prednisone would certainly suggest primary respiratory component, which may warrant further evaluation/treatment.

SPECIES
Canine

RECOMMENDATIONS

- Institute heart muscle support Pimobendan 0.3mg/kg PO q12h.
- Repeat chest films, hydrocodone, etc. may be useful for quality of life.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

BREED
Puggle

- Once on Pimobendan for 3-5 days, 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.

SEX
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- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

13 years

PLAN

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

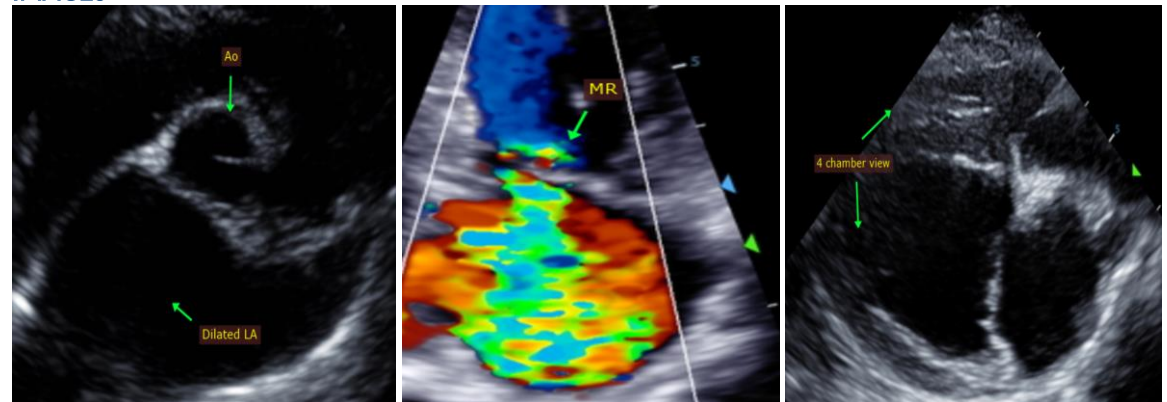
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

INVOICE

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DATE

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