



PATIENT

Roxy Perkins

SPECIES

Canine

BREED

Chihuahua

SEX

Female Spayed

AGE

13 years

WEIGHT

12.25lbs

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

21381

DATE

10/6/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease with mild LAE, moderate MR; mild TR (2.6 m/s) on prior echo 4/26/21 (MML). Roxy had a collapse episode last night - seemed unresponsive for 10-15 seconds; came out of it and seemed normal. In general, she has a good appetite, energy OK. She does have hematochezia with jelly-like stools. CV/RESP: NSR, grade V/VI murmur with PMI left apical area radiating to right with grade II/VI murmur noted on right, PSS, lung fields clear, no cough with tracheal palpation. BP: 170mmHg x 5.
-Current medications: 1) Pimobendan/vetmedin 1.25mg 1.5 tabs in am with 1 tab pm 2) Aspirin 5mg 1 tab daily in the evening 3) Vitamin E 200 IU in am 4) Tramadol 50mg 1/4 tab twice a day 5) Hycodan 5mg 1/2 tab twice a day 6) Ursodiol/actigal 75mg 1 tab with food daily 7) Cefpodoxime/simplicef 100mg 1/4 tab daily *No sedation for study.
-Pertinent previous echo measurements: LA 2.0 cm; LA:Ao 1.5; LV 2.1 cm.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is moderately increased with hyperdynamic myocardial function. LV wall thicknesses are normal.
Left atrium: The left atrium is mildly dilated.
Mitral valve: The mitral valve is diffusely thickened with mild prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation; normal velocity.
Aortic valve/Aorta: The aortic valve is normal. Normal aortic outflow velocity; laminar flow. Trivial 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 mild tricuspid regurgitation; normal velocity.
Pulmonary valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency.
Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 130bpm.

2-Dimensional Measurements

Ao diam (cm)	1.4
LA diam (cm)	2.0
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.7
LVID diastole (cm)	3.0
PW thickness (cm)	0.6
LVID systole (cm)	1.0
FS (%)	50

Doppler Measurements

PV Vmax (m/s)	0.95
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	5.1
TR Vmax (m/s)	2.0
TR PG (mmHg)	17

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists without evidence of progression. Moderate mitral and mild tricuspid regurgitation are unchanged with no development of pulmonary hypertension or other comorbidities. The LV is increased comparatively; however, in the absence of concurrent LA dilation, this is considered mild. No additional issues are identified.



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Given these findings, continue Pimobendan as prescribed. No additional medications are clearly indicated. Prognosis remains guarded long-term.

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No obvious structural cause of syncope is identified in this study, and other possibilities should be considered. Further historical information such as situation nature, etc. may be useful to differentiate syncope versus seizure. If syncope is suspected and no other cause is identified, consider an extended ECG tracing to be thorough.

BREED
Chihuahua

RECOMMENDATIONS

- Continue Pimobendan as prescribed.
- Continue hydrocodone if needed for QOL.
- Further evaluation/information regarding the episode is necessary.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is considered mildly elevated 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 progressive cough, labored breathing, exercise intolerance or collapse episodes.
- Monitoring of sleeping breathing rates is advised as the best way to screen for progression to CHF in the future.

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PLAN

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

**IMAGING
PERFORMED BY**
Pamela Harrigan,
RDMS

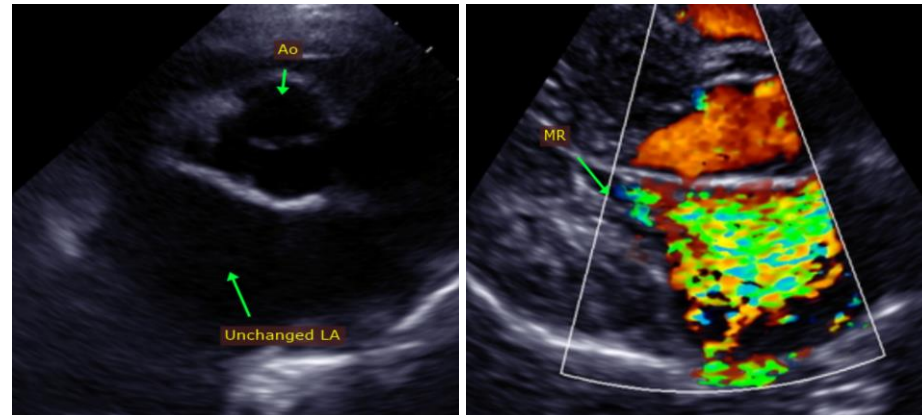
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IMAGES





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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.

BREED
Chihuahua

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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

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