



PATIENT

Seamus Powers

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Male Neutered

AGE

12 years

WEIGHT

17.5lbs

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

21380

DATE

10/6/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Current presentation: Recent increase in coughing. He has been eating well but has been getting progressively more difficult to medicate. His activity remains normal. CV/RESP: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 140mmHg x 5.
-Current medications: 1) Pimobendan/vetmedin 3.75mg 1/2 tab twice a day 2) Tramadol 50mg 1/2 tab twice a day as needed 3) Clavamox 125mg 1 tab twice a day 4) Ursodiol/actigall 250mg 1/2 tab with food once a day 5) Hydrocodone with homatropine/hycodan 5mg 1/4 twice a day *No sedation for study.
-Pertinent previous echo findings (3/16/21 MML): LA 2.5 cm; LA:Ao 1.8; LV 2.5 cm; moderate MR/TR; moderate LAE; moderate pHTN (TR 3.5 m/s - PG 50 mmHg).

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is mildly increased with adequate myocardial function. LV wall thicknesses are normal.
Left atrium: The left atrium is moderately dilated.
Mitral valve: The mitral valve is thickened with no prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with an elevated 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: Mild RA dilation.
Tricuspid valve: The tricuspid valve appears thickened and prolapsing with moderate tricuspid regurgitation; velocity consistent with mild 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 100bpm.

2-Dimensional Measurements

Ao diam (cm)	1.5
LA diam (cm)	2.5
LA:Ao (Swe)	1.7
IVS thickness (cm)	0.9
LVID diastole (cm)	2.8
PW thickness (cm)	0.8
LVID systole (cm)	1.2
FS (%)	56

Doppler Measurements

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	5.7
TR Vmax (m/s)	3.2
TR PG (mmHg)	42

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with overall stability. The degree of mitral and tricuspid regurgitation is unchanged with stable left heart dimensions and pulmonary pressures. No additional issues are identified in this study.

Given these findings, the cough remains non-cardiac in origin. This is supported by a low resting heart rate consistent with vagal tone. Continued treatment/workup as dictated by severity of symptom is recommended.

If the patient is becoming difficult to medicate, consider compounding into a liquid form for easier administration.



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Prognosis remains guarded long term, with risk for progression in the future.

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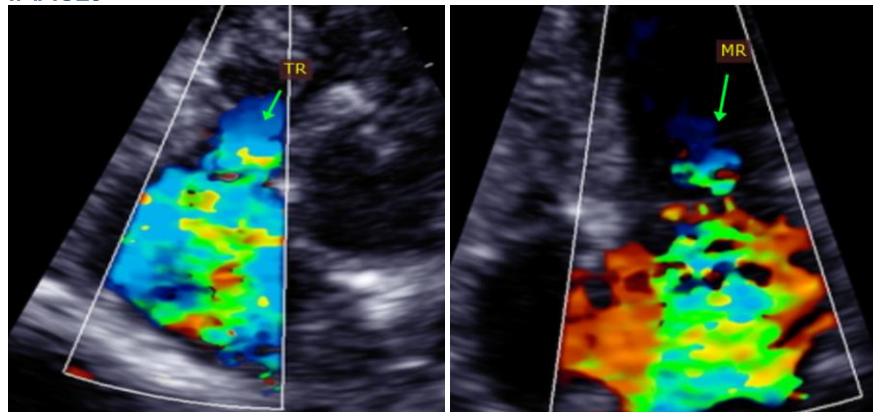
RECOMMENDATIONS

- Continue Pimobendan as prescribed.
- Continue Hydrocodone if needed with further workup/treatment of the cough 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.

PLAN

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

IMAGES



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