



PATIENT

Diego Oliveira

SPECIES

Canine

BREED

Chihuahua

SEX

Male Neutered

AGE

20.37 years

WEIGHT

7.5lbs

PRESENTING CLINICAL SIGNS

History: History from previous vet: grade III/VI murmur with recent development of cough. Patient started on furosemide 12.5 mg BID and enalapril 2.5 mg BID. No previous echo available. BP: 150, 150, 156mmHg. Sedated with butorphanol.

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 normal in dimension.

Mitral valve: The mitral valve is diffusely thickened with minimal prolapse into the left atrial lumen. Mild to moderate mitral regurgitation. 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: Prominent right ventricular.

Right atrium: Prominent RA.

Tricuspid valve: The tricuspid valve appears mildly thickened with moderate tricuspid regurgitation. Velocity consistent with mild pulmonary hypertension.

Pulmonary 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 120bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.8
LA diam (cm)	2.0
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.74
LVID diastole (cm)	2.7
PW thickness (cm)	0.74
LVID systole (cm)	1.9
FS (%)	31

Doppler Measurements

PV Vmax (m/s)	0.74
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	5.7
TR Vmax (m/s)	3.2
TR PG (mmHg)	40

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Hidden Brook
Veterinary Service

REFERRING VET

Dr. Slaughter

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing mild to moderate mitral and moderate tricuspid regurgitation. Lack of chamber enlargement indicates the current risk for complication is low. Mild pulmonary hypertension is identified with an elevated TR velocity and prominent right heart, which is likely developing secondary to the chronic cough. No concurrent issues such as systolic dysfunction are noted in this study.

Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).

Given these findings, the cough is non-cardiogenic in origin. Respiratory disease is considered most likely, and screening chest radiographs may be helpful as a baseline. No indication for Lasix or Enalapril therapy at this time and both can be safely discontinued. If the cough is poorly controlled/progresses long term, this can certainly lead to worsening of PAH. Clinical signs of significant PAH include exertional dyspnea/collapse. Continued

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monitoring is advised. Cough control is recommended lifelong (hydrocodone, intermittent AI prednisone, fluoroquinolone for acute flare up, etc.).

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RECOMMENDATIONS

- In a dog without significant atrial enlargement, no cardiac medications are clearly indicated and Lasix/Enalapril can be safely discontinued.
- Continue hydrocodone as needed; consider more aggressive dose/frequency.
- Consider further respiratory work-up/treatment as discussed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- No cardiac contraindication for general anesthesia. Pre-oxygenate for five minutes and recover in O2 if possible. Mild IV fluid restriction is advised.
- Monitor for development of a progressive cough, labored breathing, exercise intolerance or collapse episodes.

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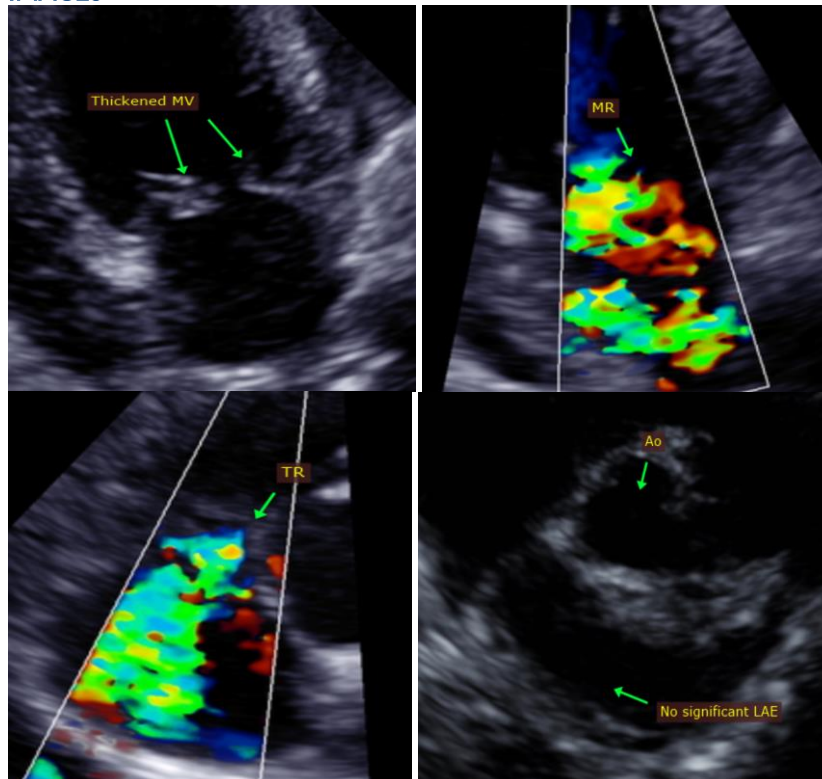
PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 6-12 months, sooner if any development of clinical signs.

WEIGHT

7.5lbs

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

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