



PATIENT

Diego Rodriguez

SPECIES

Canine

BREED

Shih Tzu

SEX

Male Intact

AGE

9 years

WEIGHT

10.6lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage C (hx. CHF). Diego is doing well with essentially no coughing. Good appetite and normal activity. On exam: NSR, grade IV-/VI murmur with PMI left apical area radiating to right with grade II/VI murmur noted on right, coughs easily with no pressure on trachea/chest; lung fields clear. BP: 110-120mmHg. Current medications: 1) Pimobendan/vetmedin 1.25mg 1 tab three times a day 2) Enalapril 2.5mg 1 tab twice a day 3) Torsemide 5mg 1/4 tab three times a day 4) Spironolactone 25mg 1/2 tab twice a day 5) Hydrocodone with homatropine/hycodan 5/1.5mg 1 tab am with 1/2-tab mid-day, pm 6) Sildenafil 20mg 1/4 tab three times a day *No sedation for study
-Pertinent previous echo findings (2/23/22 Maggie Machen Lamy, DVM, DACVIM-Cardiology): LA 3.8 cm; LA:Ao 3.8 cm; LV 3.6 cm; marked LAE; LVE, ventricular septal flattening in systole, severe MR with RCT, severe RA/RV enlargement, severe TR, severe pulmonary HTN (5.8 m/s; 134mmHg).

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: LV dilation with hyperdynamic myocardial function. Mild septal flattening in systole. LV wall thicknesses are normal.

Left atrium: The left atrium is markedly dilated.

Mitral valve: The mitral valve is diffusely thickened with mild prolapse into the left atrial lumen. A primary ruptured chordae tendineae is visualized. Severe eccentric mitral regurgitation.

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. MPA is dilated. No aortic insufficiency.

Right ventricle: Severe right ventricular enlargement with RV hypertrophy.

Right atrium: Severe RA enlargement.

Tricuspid valve: The tricuspid valve appears normal with moderate tricuspid regurgitation. Velocity consistent with moderate 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 120bpm.

2-Dimensional Measurements

Ao diam (cm)	1.2
LA diam (cm)	3.5
LA:Ao (Swe)	2.9
IVS thickness (cm)	0.6
LVID diastole (cm)	3.6
PW thickness (cm)	0.6
LVID systole (cm)	1.5
FS (%)	58

Doppler Measurements

PV Vmax (m/s)	0.77
AoV Vmax (m/s)	1.5
MR Vmax (m/s)	5.4
TR Vmax (m/s)	4.1
TR PG (mmHg)	68

INTERPRETATION OF THE FINDINGS

Compared to the prior study, findings are similar with stabilized pulmonary pressures. Previously severe pulmonary hypertension is now moderate with a decrease in quantitative TR. The left heart is severely affected, yet similar to previous and no additional issues are identified.

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DATE

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Given that the patient is doing well at home, no change to the medications is warranted at this time. Close monitoring of renal values is recommended lifelong, given the use of Torsemide.

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Canine

The prognosis with this degree of disease is poor to grave and our goal is to maintain quality of life for the short-term. Patient is at high risk for right or left-sided CHF, malignant arrhythmias, and/or sudden death in the future.

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RECOMMENDATIONS

- Therapeutic abdominocentesis when indicated (inappetance or discomfort).
- Continue all medications as prescribed.
- Utilize Hydrocodone as needed for quality of life.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Elective anesthesia is not advised.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

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PLAN

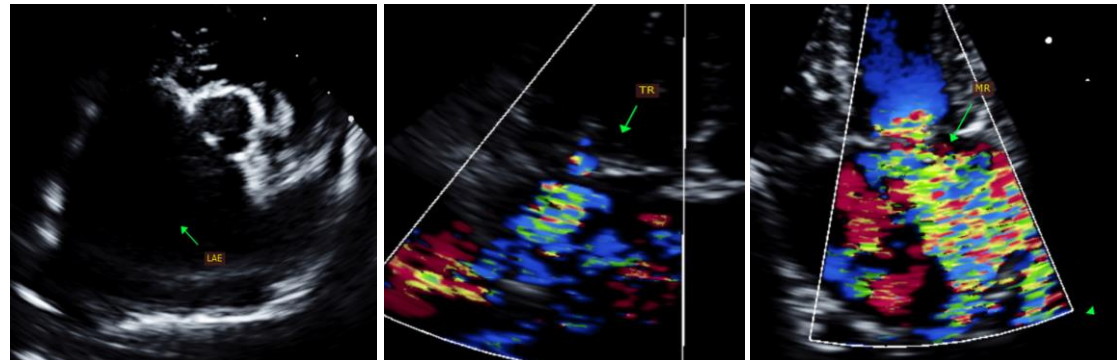
- Recheck renal values and BP every 3-4 months lifelong.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

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IMAGES

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Services

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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11/1/22

Echocardiogram performed by:

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