



PATIENT

Oliver Meyers

SPECIES

Canine

BREED

Dachshund

SEX

Male Neutered

AGE

10 years

WEIGHT

20.25lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

21989

DATE

11/10/21

PRESENTING CLINICAL SIGNS

History: History: Recheck. Doing well at home. Occasional coughing fits (unchanged).
CV/RESP today: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear, mm pink moist.

Current medications: 1) Pimobendan/vetmedin 2.5mg 1 tab twice a day 2) Lasix/furosemide 12.5mg 1 tab twice a day 3) Enalapril 2.5mg 1.5 tabs twice a day 4) Spironolactone 25mg 1/2 tab twice a day 5) Prazosin 1mg 1 capsule twice a day 6) Dasaquin daily.

-Pertinent previous echo findings (5/2021 MML): LA 3.6 cm; LA/Ao 2.6; LV 3.6 cm; severe MR; mild TR; severe yet improved LAE; acquired ASD not apparent; mild LVE. *No sedation.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: Significant LV dilation with adequate systolic function. LV wall thicknesses are normal.

Left atrium: The left atrium and auricle are severely dilated. No obvious ASD visualized on 2D or color flow imaging.

Mitral valve: Diffuse thickening of mitral valve leaflets with mild prolapse into the left atrial lumen. Severe 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.

Right ventricle: Mild RV dilation.

Right atrium: Mild right atrial dilation.

Tricuspid valve: The tricuspid valve appears mildly thickened, with mild tricuspid regurgitation. Normal velocity.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal with normal pulmonic outflow velocity. 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 110bpm.

2-Dimensional Measurements

Ao diam (cm)	1.6
LA diam (cm)	3.6
LA:Ao (Swe)	2.2
IVS thickness (cm)	0.7
LVID diastole (cm)	4.4
PW thickness (cm)	0.7
LVID systole (cm)	2.1
FS (%)	50

Doppler Measurements

PV Vmax (m/s)	1.0
AoV Vmax (m/s)	1.7
MR Vmax (m/s)	5.0
TR Vmax (m/s)	2.1
TR PG (mmHg)	24

INTERPRETATION OF THE FINDINGS

Stable chronic degenerative valve disease persists. Compared to the prior study, the LA dimension is unchanged with a slight increase in LV dilation. MR/TR are similar to previous, without obvious concurrent issues such as PAH.

Given these findings, no changes are recommended to the medications and they should be continued as prescribed. Hydrocodone can be used if needed for QOL given coughing fits. Close monitoring of breathing rates is recommended to determine a mechanical cough from recurrent pulmonary edema.



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The average survival of canine patients once pulmonary edema is diagnosed is 8-9 months on medications; however, they generally are able to maintain a good quality of life for that period. Patient will always be at risk for recurrent CHF (in this case right or left sided due to the ASD), development of arrhythmias/LA tear, syncope and/or sudden death in the future. Monitoring of renal values is recommended lifelong.

SPECIES

Canine

RECOMMENDATIONS

- Continue all medications as prescribed.
- Utilize Hydrocodone if needed for quality of life.
- Elective anesthesia is not advised.
- Monitor for development of a cough, collapse episodes, significant lethargy in the future. Monitoring of sleeping breathing rates is recommended best way to screen for CHF in the future.

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PLAN

- Monitor renal values and BP every 3-4 months on medications.
- A recheck echocardiogram is recommended in 6 months to screen for progression, sooner if clinical signs arise in the interim.

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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.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

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.

HOSPITAL NAME

Mass Veterinary Services

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REFERRING VET

Dr. Masloski

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

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