



**PATIENT**

Aeolus Keough

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

Male Neutered

**AGE**

10 years

**WEIGHT**

26.2lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

22056

**DATE**

11/16/21

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History chronic valvular disease, advanced. Current presentation: Aeolus is eating well with no S/V/D but he is coughing daily---dry hacking cough. CV/RESP: NSR, grade IV/VI murmur with PMI left apical area mildly radiating to right with grade II/VI tricuspid murmur, PSS, lung fields harsh bilaterally, no cough with tracheal palpation. BP: 140mmHg x 5.

-Current medications: 1) Pimobendan 7.5 mg 1/3 tab twice a day 2) Enalapril 5 mg 1 tab twice a day 3) Lasix 12.5mg 2 tabs twice a day 4) Spironolactone 12.5mg 1 tab twice a day 5) Diphenoxylate 2.5mg 1 tab twice a day.

-Pertinent previous echo findings (12/21/20 MML): LA 3.5 cm; LA:Ao 2.2; LV 3.55 cm; severe LAE; severe MR; moderate TR (3.2 m/s); mild pHTN. \*No sedation.

**ECHOCARDIOGRAM FINDINGS**

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

**Left ventricle:** LV dilation with hyperdynamic function. LV wall thicknesses are normal.

**Left atrium:** The left atrium is severely enlarged.

**Mitral valve:** Diffuse thickening of mitral valve leaflets (anterior > posterior) with significant prolapse into the left atrial lumen. Severe mitral regurgitation with a 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:** Mild RV dilation.

**Right atrium:** Mild right atrial dilation.

**Tricuspid valve:** The tricuspid valve appears mildly thickened with septal prolapse and moderate double-jet of tricuspid regurgitation. Mildly elevated velocity consistent with mild pulmonary hypertension.

**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 150bpm.

**2-Dimensional Measurements**

Ao diam (cm)	1.7
LA diam (cm)	3.5
LA:Ao (Swe)	2.2
IVS thickness (cm)	0.7
LVID diastole (cm)	3.8
PW thickness (cm)	0.7
LVID systole (cm)	2.0
FS (%)	47

**Doppler Measurements**

PV Vmax (m/s)	1.1
AoV Vmax (m/s)	2.0
MR Vmax (m/s)	5.8
TR Vmax (m/s)	2.8
TR PG (mmHg)	32

**INTERPRETATION OF THE FINDINGS**

Unchanged chronic degenerative valve disease is identified in this study. While significant, the left heart enlargement is unchanged and pulmonary pressures are slightly improved compared to the prior exam. No additional issues are identified.

Given these findings, continue all medications as prescribed. The described nature of the cough is more consistent with lower airway disease and further evaluation/treatment may be indicated depending on severity of the symptom.



**PATIENT**  
Aeolus Keough

The average survival of canine patients with active pulmonary edema 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, 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.
- If needed, utilize Hydrocodone 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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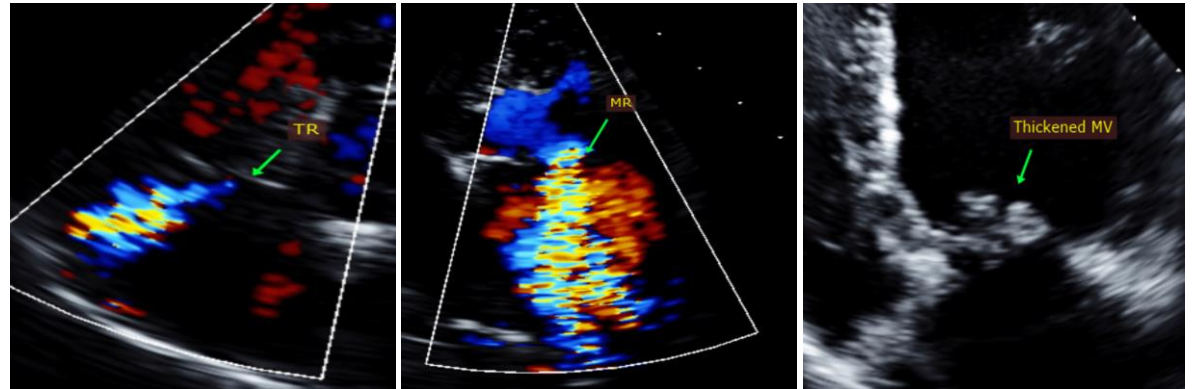
**PLAN**

- Monitor renal values every 3-4 months life-long.
- 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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Pamela Harrigan, RDCS

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.

**HOSPITAL NAME**  
Mass Veterinary Services

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.

**REFERRING VET**  
Dr. Masloski

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

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11/16/21