



**PATIENT**  
Josephine Cockrell

**SPECIES**  
Canine

**BREED**  
Chihuahua

**SEX**  
Female Spayed

**AGE**  
13 years

**WEIGHT**  
12.5lbs

**INTERPRETED BY**  
Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**  
Pamela Harrigan,  
RDCS

**HOSPITAL NAME**  
Mass Veterinary  
Services

**REFERRING VET**  
Dr. Masloski

**INVOICE**  
22062

**DATE**  
11/16/21

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History chronic valvular disease, advanced. Current presentation: Occasional cough noted 2-3 times a week. Her activity level is better since starting medication. She is eating well. CV/RESP: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 200mmHg x 5.

-Current medications: 1) Pimobendan/vetmedin 2.5mg 1/2 tab twice a day 2) Enalapril 2.5mg 1 tab twice a day 3) Spironolactone 25mg 1/4 tab twice a day 4) Alprazolam 0.25mg 1 tab twice a day 5) Clindamycin 75mg 1 capsule daily for one week out of the month 6) Meloxicam 1.5mg/ml 12lb dose prn 7) Gabapentin 100mg 1/2 capsule for vet visits 8) Turmeric supplement.

-Pertinent previous echo findings (2/24/21 MML): LA 2.5 cm; LA:Ao 2.2; LV 30 cm; severe LAE; moderate-severe MR: trace TR (3.3 m/s); early pHTN \*No sedation for study.

**ECHOCARDIOGRAM FINDINGS**

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

**Left ventricle:** The LV diameter is increased with hyperdynamic myocardial function. LV wall thicknesses are normal. Increased LV sphericity.

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

**Mitral valve:** The mitral valve is diffusely thickened with no prolapse into the left atrial lumen. Moderate to severe eccentric mitral regurgitation with a borderline 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:** Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

**Right atrium:** Normal RA dimension.

**Tricuspid valve:** The tricuspid valve appears normal with trace tricuspid regurgitation; normal velocity.

**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.

**2-Dimensional Measurements**

Ao diam (cm)	1.0
LA diam (cm)	2.6
LA:Ao (Swe)	2.6
IVS thickness (cm)	0.7
LVID diastole (cm)	1.3
PW thickness (cm)	0.7
LVID systole (cm)	1.2
FS (%)	61

**Doppler Measurements**

PV Vmax (m/s)	1.1
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	5.4
TR Vmax (m/s)	2.6
TR PG (mmHg)	28

**INTERPRETATION OF THE FINDINGS**

Largely unchanged chronic degenerative valve disease is identified in this study. The left heart dimensions are similar to previous, and the pulmonary pressures are slightly improved. This is likely due to administration of medications. No significant progression is identified.

No additional medications are clearly indicated prior to CHF. Continued assessment of progression in the future will help predict long term outcome, however prognosis remains guarded at this stage (late B2).



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The reported blood pressure is elevated and should be reassessed for accuracy particularly given no reported clinical signs of severe hypertension (retinal changes, etc.) or evidence of LVH on echo. Ideally obtain serial measurements in a controlled, low stress environment and continue until 3 consecutive readings plateau within 5mmHg of variability. If persistently >180mmHg despite a relatively calm demeanor, recommend institution of amlodipine to effect. Additionally, if deemed accurate, screening for predisposing underlying causes of SHT is recommended (Cushings, PLN, adrenal tumor, etc.), as primary disease is relatively uncommon and a rule out diagnosis.

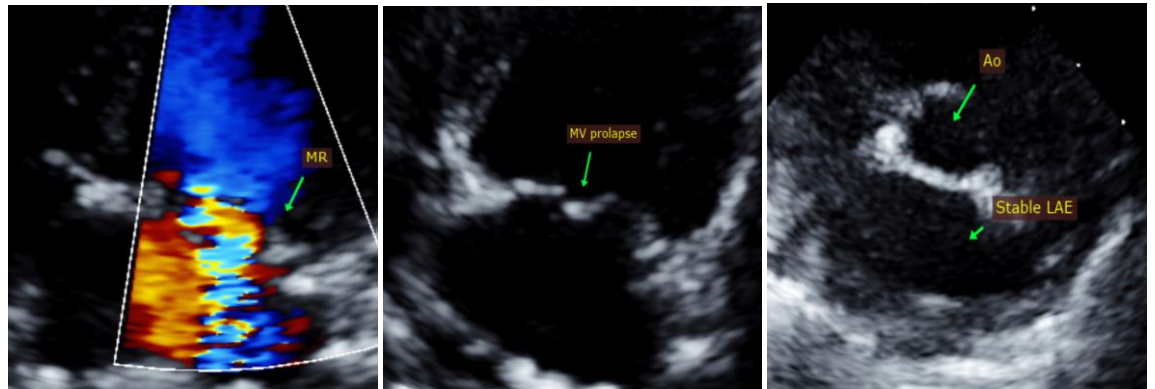
**RECOMMENDATIONS**

- Continue 3 medications as prescribed.
- Reassess BP as discussed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is considered elevated and elected anesthesia is not advised.
- 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  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com

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