



PATIENT

Mable Barber

SPECIES

Canine

BREED

Dachshund

SEX

Female Spayed

AGE

10 years

WEIGHT

16.4lbs

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage late B2. Currently, doing well at home. Current medications: Spironolactone 12.5mg q12h, Enalapril 2.5mg q12h, Pimobendan 2.5mg q12h *Sedated with butorphanol, gabapentin, trazadone.
-Pertinent previous echo findings (5/22/22 MML): LA 3.7 cm; LA:Ao 2.4; LV 3.6 cm; severe LAE, mild LVE, severe MR, mild TR (3.1 m/s; 38 mmHg), mild pulmonary hypertension

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: LV is normal with adequate myocardial function.

Left atrium: The left atrium is severely dilated.

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

Right atrium: Mild RA enlargement.

Tricuspid valve: The tricuspid valve appears mildly thickened with septal prolapse and mild tricuspid regurgitation. TR velocity consistent with mild pulmonary hypertension.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. Normal pulmonic outflow velocities. 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 100bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.5
LA diam (cm)	3.2
LA:Ao (Swe)	2.1
IVS thickness (cm)	0.7
LVID diastole (cm)	3.0
PW thickness (cm)	0.7
LVID systole (cm)	1.2
FS (%)	60

Doppler Measurements

PV Vmax (m/s)	0.63
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	4.7
TR Vmax (m/s)	3.0
TR PG (mmHg)	36

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Wood River Animal
Hospital

REFERRING VET

Dr. Schuelke

INVOICE

27559

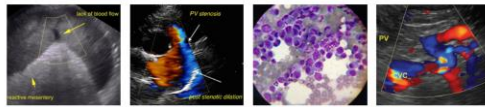
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INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with overall stability. Severe mitral and mild tricuspid regurgitation are unchanged. Severe left atrial enlargement indicates the risk for spontaneous congestive heart failure is elevated going forward. The LV chamber is actually improved, likely due to medical management. Early PAH is unchanged and no additional issues such as systolic dysfunction are noted.

Continue triple therapy is recommended as was previously suggested with no obvious indication for additional medications. Cough suppression (up to q4-6 hours) may also be helpful for mechanical cough. Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF at home.



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Long term prognosis remains guarded; however, it is encouraging that the patient has done well thus far. Patient will always be at risk for progression to CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

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RECOMMENDATIONS

- Continue ACE-I (benazepril or enalapril) 0.5mg/kg PO q12h.
- Continue Pimobendan 0.3mg/kg PO q12h.
- Consider Spironolactone 1-2mg/kg PO q12h.
- Consider hydrocodone with homatropine for QOL (0.2-0.4mg/kg PO up to q4-6 hours PRN for cough; available in 5/1.5mg tabs and 5mg/5ml liquid suspension).
- Consider a course of Baytril depending on severity of the cough.
- Elective anesthesia is not advised.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes. Monitoring of sleeping breathing rates is the best way to screen for progression to CHF at home.

PLAN

- A renal panel is recommended every 3-4 months lifelong.
- A recheck echocardiogram is recommended in 6 months to screen for progression, sooner if clinical signs arise.

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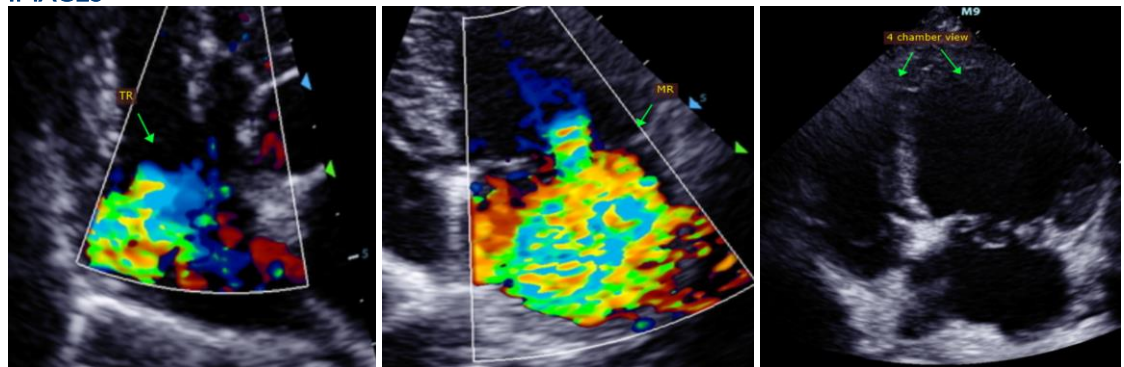
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IMAGES



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.

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