



PATIENT

Cody Sena

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Male Intact

AGE

10 years

WEIGHT

4.8lbs

PRESENTING CLINICAL SIGNS

History: Coughing/wheezing. On exam: crackles heard bilaterally. No murmur. Rads: Cardiomegaly, bronchial pattern, tracheal collapse. Started Furosemide 12.5mg, 1/2t BID.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is normal with adequate myocardial function. LV wall thicknesses are normal.

Left atrium: The left atrium normal.

Mitral valve: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. No mitral regurgitation.

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 prominence.

Right atrium: Mild RA prominence.

Tricuspid valve: The tricuspid valve appears mildly thickened with mild tricuspid regurgitation. Velocity consistent with mild pulmonary hypertension.

Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow. Mild MPA enlargement.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 130bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	0.8
LA diam (cm)	1.0
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.6
LVID diastole (cm)	1.4
PW thickness (cm)	0.5
LVID systole (cm)	0.6
FS (%)	56

Doppler Measurements

PV Vmax (m/s)	0.56
AoV Vmax (m/s)	0.9
MR Vmax (m/s)	NA
TR Vmax (m/s)	3.4
TR PG (mmHg)	48

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

INTERPRETATION OF THE FINDINGS

The only abnormality identified is evidence of early pulmonary hypertension. This is based upon an elevated TR velocity and mild right heart/MPA enlargement. The left heart is normal, and no additional issues are identified.

HOSPITAL NAME

Chase Veterinary
Clinic

No cardiac medications are indicated at this time as the cough is certainly non-cardiac in origin and **Lasix can be safely discontinued**. Continued work up for infectious/inflammatory respiratory causes is recommended if the cough persists/recurs. Chronic respiratory disease is the cause of pulmonary hypertension and if poorly controlled it can certainly lead to progression. Signs of PAH include exertional syncope or dyspnea. If the patient experiences these in the future, a Sildenafil trial can certainly be utilized.

REFERRING VET

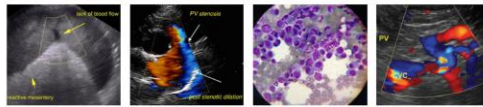
Dr. Cafferella

INVOICE

27585

DATE

11.21/22



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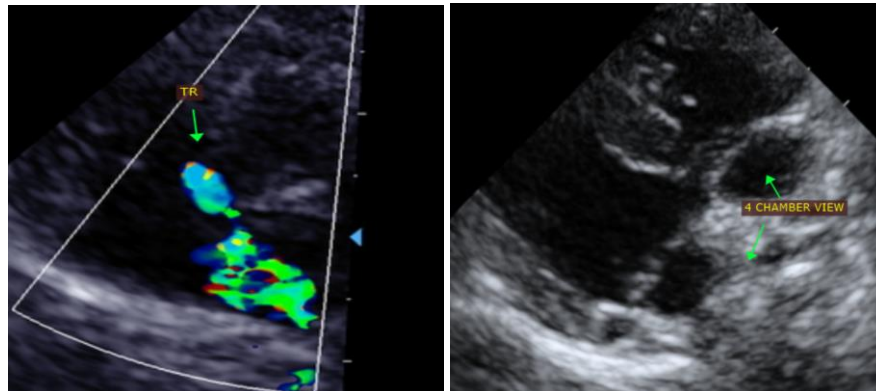
RECOMMENDATIONS

- No cardiac medications are clearly indicated, and Lasix can be discontinued.
- Continued workup/treatment for respiratory signs as discussed.
- If indicated, a Sildenafil trial is warranted; administer 1-2mg/kg PO q18h and assess response.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- No cardiac contraindication for general anesthesia prior to chamber enlargement.
- Monitor for development of a murmur, cough, labored breathing, exercise intolerance or collapse episodes.

PLAN

- A recheck echocardiogram is recommended in 6-12 months.

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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