



**PATIENT**

Beau Glade

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

Male Neutered

**AGE**

5 years

**WEIGHT**

15.6lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

27697

**DATE**

11/29/22

**PRESENTING CLINICAL SIGNS**

History: Beau is referred to evaluate a heart murmur and an episode of CHF in August. He was started on Pimobendan, Enalapril and Lasix. He has been PU/PD on the Lasix but is otherwise doing well with normal eating and activity level. Coughs some, primarily at night. On exam: NSR, grade IV-V/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear, mm pink moist. BP: 120mmHg x 5. Current medications: 1) Pimobendan/vetmedin 2.5mg 1 tab twice a day 2) Enalapril 5mg 1 tab daily 3) Lasix/furosemide 12.5mg 1.5 tabs in am with 1 tab at night \*Sedated with propofol for study.

**ECHOCARDIOGRAM FINDINGS**

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

**Left ventricle:** Significant LV dilation with hyperdynamic myocardial function.

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

**Mitral valve:** Diffuse thickening of mitral valve leaflets with minimal 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. No aortic insufficiency.

**Right ventricle:** No RV dilation.

**Right atrium:** No right atrial dilation.

**Tricuspid valve:** The tricuspid valve appears thickened, with mild tricuspid regurgitation. No velocity.

**Pulmonic valve/Pulmonary artery:** The pulmonic valve is normal in morphology and mobility. The MPA appears mildly dilated. Normal pulmonic outflow velocities with laminar flow. No PI.

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

**Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 140bpm.

**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)	3.1
PW thickness (cm)	0.7
LVID systole (cm)	1.3
FS (%)	58

**Doppler Measurements**

PV Vmax (m/s)	0.5
AoV Vmax (m/s)	0.84
MR Vmax (m/s)	4.2
TR Vmax (m/s)	2.5
TR PG (mmHg)	25

**INTERPRETATION OF THE FINDINGS**

Chronic degenerative valve disease causing severe mitral and mild tricuspid regurgitation. Severe left atrial enlargement indicates the risk for spontaneous congestive heart failure is elevated. No additional issues are identified.

In light of the history and severity of disease on echocardiogram, the diagnosis of congestive heart failure is supported, and continued medications are warranted lifelong as below. My hope is that adding Spironolactone will allow a slight dose adjustment in Lasix to temper clinical signs.

The average survival time 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.



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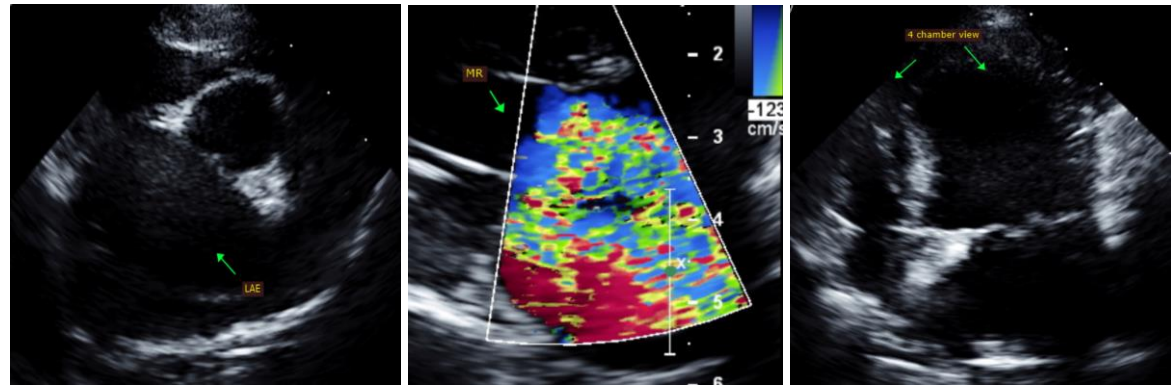
**RECOMMENDATIONS**

- Decrease Lasix to 12.5mg PO q12h.
- Institute Spironolactone 1-2 mg/kg PO q 12h.
- Continue Pimobendan 0.25-0.3 mg/kg PO q12h.
- Continue ACE-I 0.5mg/kg PO q12h.
- Consider cough suppression to improve QOL can also be considered (hydrocodone, 0.2-0.4mg/kg up to q4-6h PRN) for any residual mechanical cough in the face of normal sleeping respiratory rates.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.
- Monitoring of sleeping respiratory rates will be paramount to screen for congestive heart failure at home.
- Elective anesthesia is not advised.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

**PLAN**

- Monitor renal values and BP every 3-4 months lifelong.
- 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**  
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**Echocardiogram performed by:** Pamela Harrigan, RDCS  
Pet Animal Ultrasound Service (4paus.com)