



PATIENT

Toby Stetson

SPECIES

Canine

BREED

Chihuahua

SEX

Male Neutered

AGE

15.5 years

WEIGHT

6.4lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Compassion
Veterinary Clinic

REFERRING VET

Dr. Patil

INVOICE

27265

DATE

11/3/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2, on Pimobendan. Seen on Oct. 3 for increased coughing, Radiographs showed increased pulmonary hilar region, well circumscribed. Lasix started (Toby is doing better). BP: 196mmHg (average 4) Current meds: Pimobendan 2.5mg/ml - 0.5 ml BID. Furosemide 12.5mg - 0.5-tab BID.
-Pertinent previous echo findings (5/24/22 Rebecca Malakoff, DVM, DACVIM - Cardiology): LA 2.72 cm, LA: Ao 231, LV 248 cm, severe LAE, moderate LVE, severe MR, moderate TR (3.23 m/s) 42 mmHg) mild PHTN.

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 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: Mild RV dilation.

Right atrium: Mild right atrial dilation.

Tricuspid valve: The tricuspid valve appears mildly thickened with septal prolapse and moderate tricuspid regurgitation. Velocity consistent with early pulmonary hypertension.

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 200bpm.

2-Dimensional Measurements

Ao diam (cm)	1.3
LA diam (cm)	3.2
LA:Ao (Swe)	2.9
IVS thickness (cm)	0.5
LVID diastole (cm)	2.9
PW thickness (cm)	0.5
LVID systole (cm)	1.4
FS (%)	52

Doppler Measurements

PV Vmax (m/s)	0.5
AoV Vmax (m/s)	0.9
MR Vmax (m/s)	4.7
TR Vmax (m/s)	3.0
TR PG (mmHg)	36

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with evidence of progression. Previously moderate disease is now severe. Severe mitral and moderate tricuspid regurgitation. Severe left atrial enlargement indicates the risk for spontaneous congestive heart failure is elevated. Mild pulmonary hypertension is stable, and no additional issues are identified.

In light of the clinical signs, chest radiographs and severity of disease on echocardiogram, the diagnosis is congestive heart failure and continued medications are warranted lifelong as below. Note medication changes below.

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



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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

- Continue Lasix/furosemide 1-2mg/kg PO q12h.
- Institute Spironolactone 1-2 mg/kg PO q 12h.
- Continue Pimobendan 0.25-0.3 mg/kg PO q12h.
- 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 in 1-2 weeks, then every 3-4 months lifelong. If doing well and BP >130mmHg, institute ACEI 0.5mg/kg PO q12h.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

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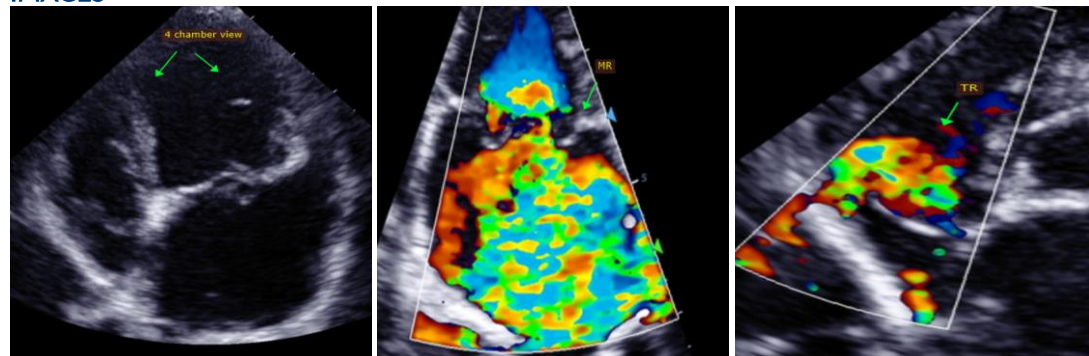
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IMAGES



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.

Maggie Machen Lamy, DVM
 Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
 info@sonopath.com