



PATIENT

Lilly Dowling

SPECIES

Canine

BREED

Cavapoo

SEX

Female Spayed

AGE

11 years

WEIGHT

20.31lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

27710

DATE

11/30/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage C (left-sided CHF, historical). Presently, Lilly has been coughing a bit, improved with Hycodan. She continues to eat well with normal activity for her. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 150 mmHg x 5. Current medications: 1) pimobendan/vetmedin 5mg 1/2 tab twice a day 2) Lasix/furosemide 12.5mg 2 tabs twice a day 3) enalapril 2.5mg 1.5 tabs twice a day 4) spironolactone 25mg 1/2 tab twice a day 5) carprofen/rimadyl 25mg 3/4 tab twice a day 6) hydrocodone with homatropine/hycodan 5mg 1 tab in the evening *No sedation for study.
-Pertinent previous echo findings (1/12/22 Scott Forney, DVM, DACVIM-Cardiology): LA 2.9 cm; LA:Ao 1.53; LV 2.8 cm; mild-moderate LAE; normal LV size, impaired diastolic function; severe MR; mild TR 3 m/s; 36 mmHg; mild pulmonary hypertension.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is mildly increased with hyperdynamic function. LV wall thicknesses are normal.
Left atrium: The left atrium is mild to moderately dilated.
Mitral valve: The mitral valve is markedly thickened with severe prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with a normal velocity.
Aortic valve/Aorta: The aortic valve appears thickened with normal outflow velocity; laminar flow. Trace aortic insufficiency.
Right ventricle: Normal right ventricular diameter and morphology.
Right atrium: Normal RA dimension.
Tricuspid valve: The tricuspid valve appears mildly thickened with septal prolapse and moderate tricuspid regurgitation. Velocity consistent with moderate PAH.
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.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 160bpm.

2-Dimensional Measurements

Ao diam (cm)	1.8
LA diam (cm)	2.8
LA:Ao (Swe)	1.6
IVS thickness (cm)	0.9
LVID diastole (cm)	2.8
PW thickness (cm)	0.9
LVID systole (cm)	1.5
FS (%)	46

Doppler Measurements

PV Vmax (m/s)	0.93
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	5.9
TR Vmax (m/s)	3.7
TR PG (mmHg)	56

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with stable left heart disease. Moderate mitral and left heart dimensions are similar to previous. What is different is quantitatively the tricuspid regurgitation is increased with a slight increase in pulmonary pressures. In a patient without exertional syncope or collapse, simple monitoring is advised. A small aortic leak has also developed; however, reported blood pressure is reasonable. No additional issues are identified.



PATIENT

Given these findings, continue all medications as prescribed.

Lilly Dowling

Even with relative stability, the risk for recurrent congestive heart failure will persist lifelong. Continued assessment of progression in the future will help predict long term outcome, however prognosis remains guarded.

SPECIES

Canine

RECOMMENDATIONS

- Continue quadruple therapy as prescribed.
- Continue Hydrocodone if needed for quality of life.
- Close monitoring for development of associated clinical signs (development of a cough, labored breathing, exercise intolerance or worsening collapse episodes) is recommended. Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF at home.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Mild activity restriction is advised.
- Elective anesthesia is not advised.

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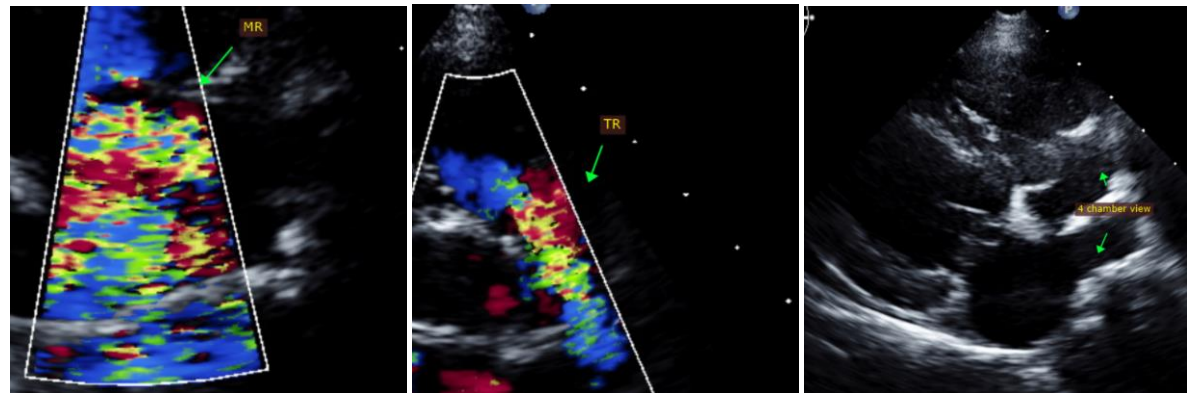
PLAN

- A renal panel is recommended every 3-4 months lifelong.
- Recommend recheck echocardiogram in 6 months, sooner if any development of

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IMAGES



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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.

REFERRING VET

Dr. Masloski

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.

INVOICE

27710

Maggie Machen Lamy, DVM

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11/30/22

Echocardiogram performed by:

Pamela Harrigan, RDCS

Pet Animal Ultrasound Service (4paus.com)