

PATIENT

Phoebe Skovera

SPECIES

Canine

BREED

Papillion Mix

SEX

Female Intact

AGE

14 years

WEIGHT

5lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

27709

DATE

11/30/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage C. Presently, Phoebe exhibits normal respirations with no cough or labored breathing. Persistent shaking, owner not sure if it is anxiety. She continues to have a good appetite. Painful back legs, improved with glucosamine. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 150-160mmHg. Current medications: 1) Pimobendan/vetmedin 1.25mg/ml 0.5mls twice a day 2) Lasix/furosemide 12.5mg 1/4 tab twice a day 3) Spironolactone 25mg 1/4 tab daily 4) Glucosamine daily *No sedation for study. -Pertinent previous echo findings (4/13/22 MML): LA 1.6 cm; LA:Ao 1.6; LV 2.0 cm; mild-moderate LAE; normal LV size; moderate-severe MR; no TR.

ECHOCARDIOGRAM FINDINGS

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

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

Left atrium: The left atrium is mild to moderately dilated.

Mitral valve: The mitral valve is diffusely thickened with significant prolapse into the left atrial lumen. Moderate 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. Trace aortic insufficiency.

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: Normal RA dimension.

Tricuspid valve: The tricuspid valve appears normal with no tricuspid regurgitation.

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 130bpm.

2-Dimensional Measurements

Ao diam (cm)	1.1
LA diam (cm)	1.8
LA:Ao (Swe)	1.6
IVS thickness (cm)	0.4
LVID diastole (cm)	2.0
PW thickness (cm)	0.4
LVID systole (cm)	1.1
FS (%)	45

Doppler Measurements

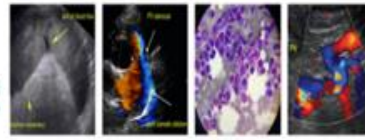
PV Vmax (m/s)	0.6
AoV Vmax (m/s)	0.75
MR Vmax (m/s)	6.4
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Compared to the prior study, findings are similar. Mild to moderate LA enlargement indicates the risk for complication remains low. The small aortic insufficiency is similar to previous with no additional issues identified.

Given these findings, continue all medications as previously recommended. No cause for erratic breathing is appreciated in this study.

Continued assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage. Unfortunately, the patient will always be at



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risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

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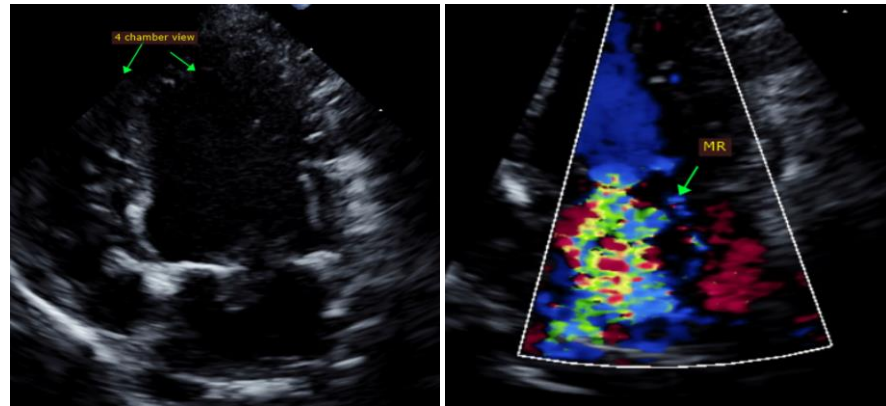
RECOMMENDATIONS

- Continue all medications as prescribed.
- 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.

PLAN

- A renal panel and BP are recommended 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.

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Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)