



PATIENT

Lucy Langlais

SPECIES

Canine

BREED

Maltese

SEX

Female Spayed

AGE

11 years

WEIGHT

11.3lbs

PRESENTING CLINICAL SIGNS

History: Diabetic. Overweight. Severe dental disease. Grade IV/VI heart murmur. Cough-suspect collapse trachea. History collapse episode, suspect syncope. BP: 147, 150, 154mmHg. Current meds: Vetmedin 1.25mg 1 tab BID, Novolin N 3-unit BID.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: Moderate 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 thickened with mildly increased flow velocity through the region. Normal aortic outflow velocity; laminar flow. Mild to moderate aortic insufficiency.

Right ventricle: No RV dilation.

Right atrium: No right atrial dilation.

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

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 180bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Eduardo Rodriguez
III, RCS

HOSPITAL NAME

Rhode Island Animal
Medical Center

REFERRING VET

Dr. Hart

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11/4/22

2-Dimensional Measurements

Ao diam (cm)	1.1
LA diam (cm)	2.3
LA:Ao (Swe)	2.1
IVS thickness (cm)	0.5
LVID diastole (cm)	2.8
PW thickness (cm)	0.5
LVID systole (cm)	1.2
FS (%)	56

Doppler Measurements

PV Vmax (m/s)	0.93
AoV Vmax (m/s)	2.4
MR Vmax (m/s)	5.9
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing severe mitral regurgitation. Significant left atrial and ventricular enlargement indicates the risk for spontaneous congestive heart failure is elevated. The aortic valve appears thickened with mild stenosis through the region and mild to moderate insufficiency. This is most likely a congenital issue that remains subclinical. No additional issues are identified.

In light of a history of syncope and coughing, there is concern for early congestive heart failure in the future and full lifelong cardiac supportive medications are warranted as below. This includes an ACE-I given the significant aortic insufficiency. Should the syncope persist despite therapy, other causes should be considered such as intermittent arrhythmias, vasovagal events, and/or atypical seizures. Follow up is advised.

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 Pimobendan 0.3mg/kg PO q12h.
- Institute low dose Lasix Lasix 1mg/kg PO q12h.
- Institute ACE-I 0.5mg/kg PO q12h.
- Institute Spironolactone 1-2 mg/kg PO q 12h.
- 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.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

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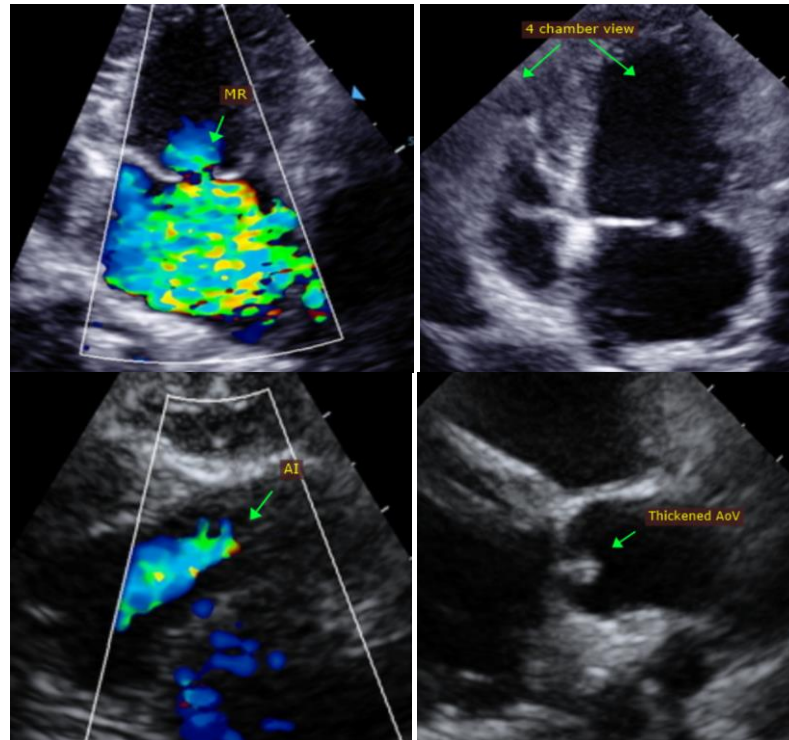
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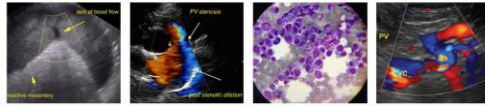
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IMAGES





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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.

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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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