

PATIENT

Daisy Walsh

SPECIES

Canine

BREED

Mix

SEX

Female Spayed

AGE

9 years

WEIGHT

80.3lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

27319

DATE

11/8/22

PRESENTING CLINICAL SIGNS

History: Daisy was seen for choking on the 21st of September and had chest films done which were suspicious for a mass vs cardiomegaly +/- pericardial effusion. The family states the films were repeated with no mass noted. Daisy was started on pimobendan and Lasix. Daisy continued to cough a bit after starting medications but is coughing much less at this point. She is doing well otherwise with no S/V/D but did have a bit of diarrhea when she changed her diet and is a bit PU/PD from the Lasix. No murmurs noted; however, excessive panting. Medications: 1) Pimobendan/vetmedin 10mg 1 tab twice a day 2) Lasix/furosemide 50mg 1.5 tabs twice a day (discontinued) *Sedated with propofol for study.

ECHOCARDIOGRAM FINDINGS

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

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

Left atrium: The left atrium normal.

Mitral valve: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. No mitral regurgitation.

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No 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 thickened 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)	2.5
LA diam (cm)	2.6
LA:Ao (Swe)	1.0
IVS thickness (cm)	1.2
LVID diastole (cm)	3.4
PW thickness (cm)	1.2
LVID systole (cm)	2.2
FS (%)	35

Doppler Measurements

PV Vmax (m/s)	0.73
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Overtly normal cardiac dimensions and function, with no obvious dysfunction or dilation of the left heart. No significant valvular leaks are visualized, and no structural issues are seen. No additional issues are identified.

No cardiac medications are indicated at this time as the cough appears non-cardiac in origin and **Lasix/Pimobendan can be safely discontinued**. If the cough symptom returns, repeat chest radiographs with a Radiologist review is strongly recommended. Continued work up for infectious/inflammatory respiratory causes is recommended if the cough persists/recurs. Chronic respiratory signs can lead to pulmonary hypertension if poorly controlled and monitoring at home is advised for exertional syncope or dyspnea.



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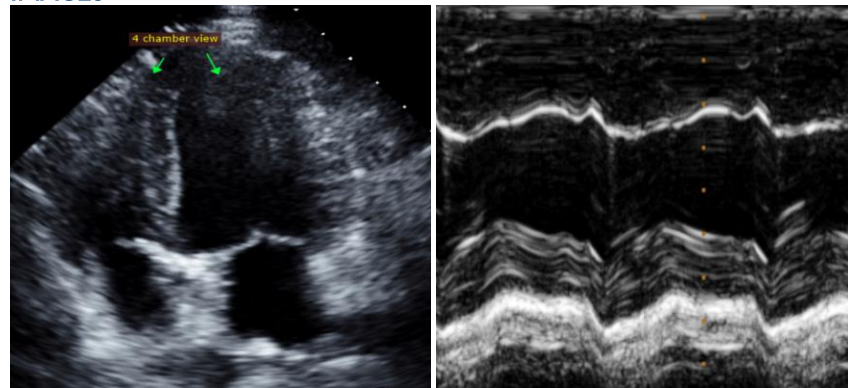
RECOMMENDATIONS

- No cardiac medications are clearly indicated, and Lasix and Pimobendan can be discontinued.
- Continued workup/treatment for respiratory signs as discussed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Monitor for development of a murmur, cough, labored breathing, exercise intolerance or collapse episodes.

PLAN

- A recheck echocardiogram is recommended should a murmur or signs of progressive PAH be noted in the future (exertional dyspnea/collapse).

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)