



PATIENT
Fergie Magliochetti
Turenne

SPECIES
Canine

BREED
Pomeranian

SEX
Female Spayed

AGE
10 years

WEIGHT
6lbs

INTERPRETED BY
Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan,
RDCS

HOSPITAL NAME
Mass Veterinary
Services

REFERRING VET
Dr. Masloski

INVOICE
22234

DATE
12/1/21

PRESENTING CLINICAL SIGNS

History: Fergie has a honking cough. She was recently seen the ER for her cough where CXR revealed questionable LAE. Fergie was started on pimobendan. She has also been having some collapse episodes with the episodes not always associated with coughing or activity. Fergie has been eating well with normal activity otherwise. CV/RESP: arrhythmia, grade I-II/VI murmur with PMI left apical area, PSS, lung fields clear. BP: 150mmHg x 5. *No sedation 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 is normal.

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

Right atrium: Normal RA.

Tricuspid valve: The tricuspid valve appears normal with trace/mild tricuspid regurgitation. Velocity consistent with early pulmonary hypertension.

Pulmonary 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 110bpm.

2-Dimensional Measurements

Ao diam (cm)	1.2
LA diam (cm)	1.2
LA:Ao (Swe)	1.0
IVS thickness (cm)	0.56
LVID diastole (cm)	1.3
PW thickness (cm)	0.56
LVID systole (cm)	0.65
FS (%)	50

Doppler Measurements

PV Vmax (m/s)	0.64
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	NM
TR Vmax (m/s)	3.4
TR PG (mmHg)	45

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing trace/mild mitral and tricuspid regurgitation. Lack of chamber enlargement indicates the current risk for complication is low. Mild pulmonary hypertension is noted, which is likely developing secondary to the chronic cough. No concurrent issues such as systolic dysfunction are noted in this study.

Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).

Given these findings, the cough is certainly non-cardiogenic in origin. Respiratory disease is considered most likely given the breed and should be addressed as such. If the cough is poorly controlled/progresses long term, this can certainly lead to worsening of PAH.

Clinical signs of significant PAH include exertional dyspnea/collapse. Cough control is recommended lifelong (hydrocodone, intermittent AI prednisone, fluoroquinolone for acute flare up, etc.).



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Cough-associated syncope is not surprising, particularly given early pulmonary hypertension. This does not clearly warrant Sildenafil therapy; however, adequate cough control is certainly advised.

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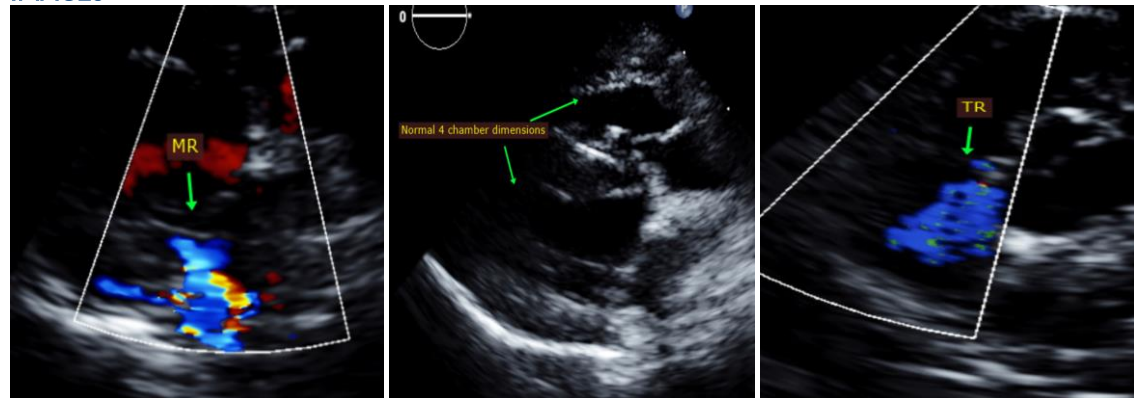
RECOMMENDATIONS

- Given these findings, no cardiac medications are indicated and Pimobendan can be discontinued.
- Consider hydrocodone as needed.
- Consider further respiratory treatment/evaluation as discussed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- No cardiac contraindication for general anesthesia. Pre-oxygenate for five minutes and recover in O2 if possible. Mild IV fluid restriction is advised.
- Monitor for development of a progressive cough, labored breathing, exercise intolerance or collapse episodes.

PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 6-12 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)