



PATIENT

Jerry O'Neil

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Male Neutered

AGE

13 years

WEIGHT

20.2lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage C. Presently, Jerry is doing well at home with no clinical issues. He is eating well with normal activity level. Some intentional weight loss. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear, mm pink, moist, CRT < 2. BP: 130-140mmHg. Current medications: 1) Pimobendan/vetmedin 5mg 1 tab twice a day 2) Lasix/furosemide 20mg 1 tab twice a day 3) Enalapril 5mg 1/2 tab twice a day 4) Spironolactone 25mg 1/2 tab twice a day 5) Ursodiol/actigall 250mg 1/2 tab with food once a day 6) Thyroxine 0.1mg 1 tab twice a day
*No sedation for study.
-Pertinent previous echo findings (6/2/21 MML): LA 3.5 cm ; LA:Ao 2.3; LV 3.9 cm; severe LAE; marked LVE; severe MR; mild TR (2.8 m/s; 32 mmHg); early pulmonary hypertension.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: Mild LV dilation with hyperdynamic myocardial function.
Left atrium: The left atrium is severely dilated.
Mitral valve: Diffuse thickening of mitral valve leaflets with mild prolapse into the left atrial lumen. Severe 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. No aortic insufficiency.
Right ventricle: No RV dilation.
Right atrium: No right atrial dilation.
Tricuspid valve: The tricuspid valve appears thickened with septal prolapse and mild tricuspid regurgitation. Normal velocity.
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 130bpm.

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

28005

DATE

12/14/22

2-Dimensional Measurements

Ao diam (cm)	1.7
LA diam (cm)	3.5
LA:Ao (Swe)	2.2
IVS thickness (cm)	0.7
LVID diastole (cm)	3.6
PW thickness (cm)	0.6
LVID systole (cm)	2.0
FS (%)	44

Doppler Measurements

PV Vmax (m/s)	0.9
AoV Vmax (m/s)	1.8
MR Vmax (m/s)	6.1
TR Vmax (m/s)	2.5
TR PG (mmHg)	25

INTERPRETATION OF THE FINDINGS

Compared to the 2021 study, findings are remarkably similar. Severe left atrial enlargement persists, although no obvious progression is seen. Pulmonary pressures measures normal, and no right heart enlargement has developed. No additional issues are identified.

Given these findings, continue all medications as prescribed. Prognosis is typically poor; however, the patient has done well past the expected timeframe.



PATIENT Jerry O'Neil
Patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

RECOMMENDATIONS

- SPECIES** Canine
- BREED** Chihuahua Mix
- SEX** Male Neutered
- Continue 4 medications as prescribed.
 - 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.

AGE

13 years

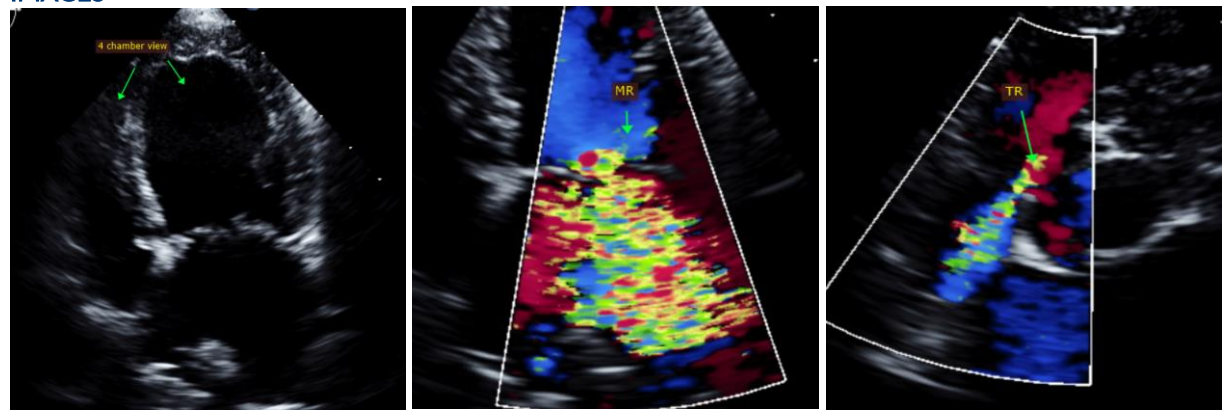
PLAN

- Monitor renal values every 3-4 months lifelong.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

WEIGHT

20.2lbs

IMAGES



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Maggie Machen Lamy, DVM
DACVIM (Cardiology)

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Pamela Harrigan, RDCS

HOSPITAL NAME

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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

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