



**PATIENT**

Nugget Trikas

**SPECIES**

Canine

**BREED**

Pekingese

**SEX**

Male Neutered

**AGE**

14 years

**WEIGHT**

15.31lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History chronic valvular disease - Stage B1. Presently, Nugget is coughing a fair amount but breathing normally at home. He is eating very well with normal activity level. On exam: NSR, grade IV/VI murmur with PMI left apical area, PSS, lung fields clear, mm pink moist. BP: 140mmHg x 5. Current medications: 1) Sildenafil 20mg 1/2 tab twice a day 2) Diphenoxylate with atropine 2.5mg 1 tab twice a day); mild-moderate pulmonary hypertension.

-Pertinent previous echo findings (6/2022 MML): LA/AO: 1.5, LV: 2.4, TR: 3.4. Moderate to severe TR, mild to moderate RHE.

**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. Subtle septal flattening in end-systole.

**Left atrium:** The left atrium is normal.

**Mitral valve:** The mitral valve is mildly diffusely thickened with no prolapse into the left atrial lumen. Mild mitral regurgitation. Normal velocity.

**Aortic valve/aorta:** The aortic valve is normal. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

**Right ventricle:** Mild to moderate RV hypertrophy and dilation.

**Right atrium:** Mild to moderate RA dilation.

**Tricuspid valve:** The tricuspid valve appears thickened with septal prolapse and moderate to severe tricuspid regurgitation; Velocity consistent with mild to moderate pulmonary hypertension.

**Pulmonic valve/pulmonary artery:** The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. MPA and branches are mildly dilated. 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 190bpm.

**IMAGING**

**PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary  
Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

27991

**DATE**

12/14/22

**2-Dimensional Measurements**

Ao diam (cm)	1.6
LA diam (cm)	2.3
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.5
LVID diastole (cm)	2.1
PW thickness (cm)	0.5
LVID systole (cm)	1.1
FS (%)	50

**Doppler Measurements**

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	0.8
MR Vmax (m/s)	5.6
TR Vmax (m/s)	3.5
TR PG (mmHg)	50

**INTERPRETATION OF THE FINDINGS**

Compared to the prior study, findings appear similar. The left heart disease remains mild and the pulmonary hypertension reasonably well controlled. The right heart is similar to the previous study with mild to moderate overall enlargement. No additional issues are identified.

Given these findings, continue Sildenafil as prescribed. Further cough control may be beneficial using Hydrocodone, depending on frequency of the symptom. Patient will



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always be at risk for progressive PAH, which typically presents as exertional syncope or dyspnea.

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**RECOMMENDATIONS**

- Continue Sildenafil as prescribed.
- Consider hydrocodone as needed, further respiratory work-up/treatment as needed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. **Pre-oxygenate for 5-10 minutes prior to induction.** Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.
- Monitor for development of a progressive cough, labored breathing, exercise intolerance or collapse episodes.

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**PLAN**

- Recommend conservative monitoring with a recheck echocardiogram in 6-12 months, sooner if any development of clinical signs.

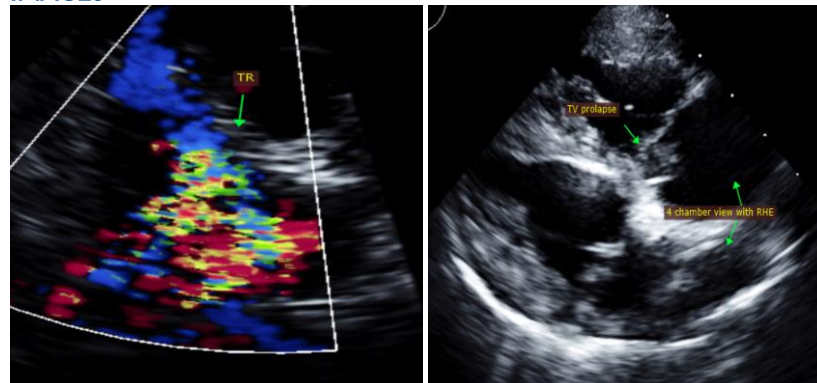
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**IMAGES**

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DACVIM (Cardiology)



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Pamela Harrigan, RDCS

**HOSPITAL NAME**

Mass Veterinary Services

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**

27991

Maggie Machen Lamy, DVM  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com

**DATE**

12/14/22

**Echocardiogram performed by:**

Pamela Harrigan, RDCS  
Pet Animal Ultrasound Service (4paus.com)