



PATIENT

Rocky Kingsbury

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Male Neutered

AGE

15 years

WEIGHT

10lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

28003

DATE

12/14/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Presently, he is doing well at home with not coughing fits noted. Eating well with normal activity. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear, mm pink, moist. BP: 190-200mmHg. Current medications: 1) Pimobendan 3.75mg mg 1/3 tab twice a day 2) Hydrocodone with homatropine/hycodan 5/1.5mg 1 tab daily 3) Snip tips *No sedation -Pertinent previous echo findings (6/14/22 MML): LA 2.3 cm; LA:Ao 1.9; LV 2.5 cm; moderate LAE; mild LVE; moderate MR: trace TR (2.9 m/s; 33 mmHg).

ECHOCARDIOGRAM FINDINGS

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

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

Left atrium: The left atrium is moderate to severely dilated.

Mitral valve: The mitral valve is diffusely thickened with mild prolapse into the left atrial lumen. Moderate to 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: Normal right ventricular diameter and morphology.

Right atrium: Normal RA dimension.

Tricuspid valve: The tricuspid valve appears normal with trace tricuspid regurgitation. Normal velocity.

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 120bpm.

2-Dimensional Measurements

Ao diam (cm)	1.2
LA diam (cm)	2.6
LA:Ao (Swe)	2.0
IVS thickness (cm)	0.6
LVID diastole (cm)	2.5
PW thickness (cm)	0.6
LVID systole (cm)	1.2
FS (%)	52

Doppler Measurements

PV Vmax (m/s)	0.95
AoV Vmax (m/s)	1.9
MR Vmax (m/s)	6.0
TR Vmax (m/s)	2.4
TR PG (mmHg)	24

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with slight progression. The left atrial dimension is increased comparatively with significant MR. Trace TR is unchanged and no additional issues are identified.

Given these findings, continue Pimobendan and Hydrocodone as prescribed. Reasonable to institute an ACE-I, given mild progression in addition to elevated blood pressure.

Prognosis remains guarded long-term even with relative stability. Patient will always be at risk for progression to CHF, development of concurrent issues, etc. going forward.



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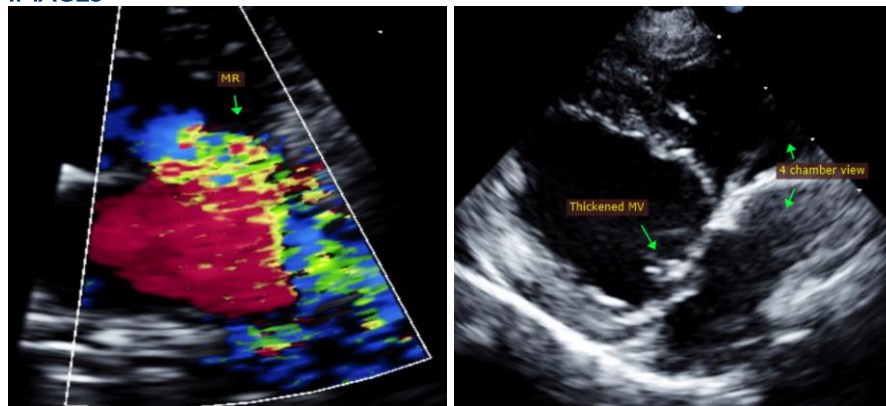
RECOMMENDATIONS

- Continue Pimobendan and Hydrocodone as prescribed.
- Institute ACE-I 0.5mg/kg PO q12h.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is mild. 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 cough, labored breathing, exercise intolerance or collapse episodes.

PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 6 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.

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