



PATIENT

Harrison Rhodes

SPECIES

Canine

BREED

Terrier

SEX

Male Neutered

AGE

6 years

WEIGHT

25.4lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

PRESENTING CLINICAL SIGNS

History: Recheck echo. History severe pulmonary hypertension; history right heart failure. Presently, Harrison is doing well at home with a good appetite and normal activity level. No C/S/V/D/PU/PD. No recent collapse episodes. On exam: NSR, grade IV/VI murmur with PMI left lateral thorax radiating to right with grade II-III/VI murmur noted on right, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 140-150 mmHg. Current medications: 1) Pimobendan 5mg 1 tab in am with 1/2 tab in pm---giving 1/2 tab twice a day 2) Sildenafil 20mg 1 tab three times a day 3) Enalapril 5mg 1 tab twice a day 4) Lasix 50mg 1 tab twice a day 5) Spironolactone 25mg 1 tab twice a day 6) Diphenoxylate with atropine 2.5mg 2 tabs twice a day *No sedation for study.
-Pertinent previous echo findings (4/13/22 MML): LA 2.2 cm; LA:Ao 1.4; LV 1.6 cm; severe RA/RV dilation; TR Vmax 5.5 m/s; 120mmHg.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is small with adequate myocardial function. LV wall thicknesses are normal.
Left atrium: The left atrium is normal in diameter.
Mitral valve: The mitral valve is normal with no prolapse into the left atrial lumen. Trace 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: Severe RV dilation with severe hypertrophy consistent with pressure overload. Septal flattening in systole.
Right atrium: Severe RA dilation.
Tricuspid valve: The tricuspid valve appears thickened and prolapsing with severe tricuspid regurgitation; velocity consistent with marked pulmonary arterial hypertension.
Pulmonic valve/Pulmonary artery: The pulmonic valve is mildly thickened with normal mobility. Mild to moderate pulmonic insufficiency. Normal RVOT velocity; laminar flow. Severe MPA and branch dilation.
Pericardium/other: Scant pericardial effusion. Small volume pleural effusion. No obvious cardiac masses.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 150bpm.

2-Dimensional Measurements

Ao diam (cm)	1.6
LA diam (cm)	2.6
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.8
LVID diastole (cm)	1.4
PW thickness (cm)	0.8
LVID systole (cm)	0.4
FS (%)	71

Doppler Measurements

PV Vmax (m/s)	0.95
AoV Vmax (m/s)	0.91`
MR Vmax (m/s)	NA
TR Vmax (m/s)	5.6
TR PG (mmHg)	126

INVOICE

27836

DATE

12/6/22

INTERPRETATION OF THE FINDINGS

Persistently stable yet remarkably severe disease. Compared to the prior study, the findings appear similar with persistent pulmonary hypertension and effusions identified. Given that the patient is doing well, this is likely this patients normal.



PATIENT
Harrison Rhodes

Given these findings, continue all medications as prescribed. If any respiratory signs develop, consider a dose increase of Lasix to q8h or potentially changing to Torsemide.

SPECIES
Canine

Prognosis remains poor long-term; however, it is encouraging the patient is doing well at this time. Patient will always be at risk for recurrent CHF, syncopal episodes and/or sudden death in the future.

BREED
Terrier

RECOMMENDATIONS

- Consider a thoracocentesis should any respiratory signs develop.
- If patient develops symptoms, a dose increase in Lasix to q8h or potentially changing to Torsemide as previously dictated may be reasonable.
- Continue all additional medications as prescribed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Elective anesthesia is not advised.
- Lifelong activity/stress restriction is advised.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

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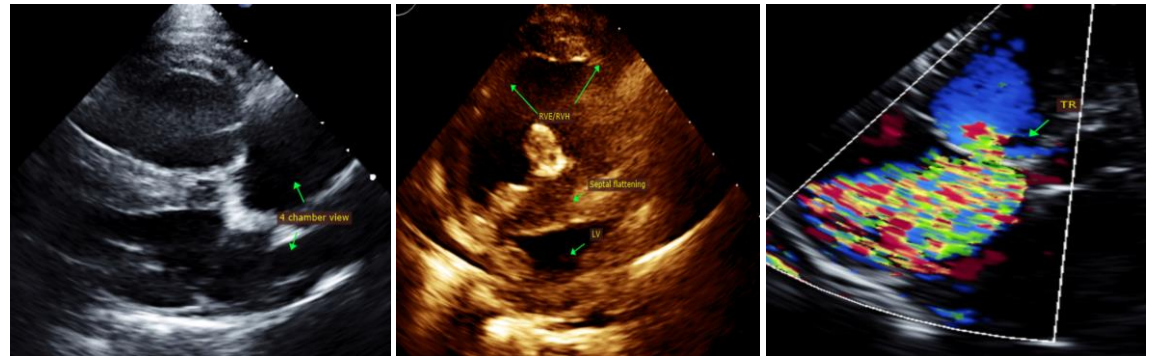
PLAN

- Monitor renal values every 3-4 months lifelong.
- A recheck echocardiogram is recommended in 6-8 months.

IMAGES

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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.

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DATE
12/6/22

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