

PATIENT
Isabella Calvanese

SPECIES
Canine

BREED
Chihuahua

SEX
Female Spayed

AGE
12 years

WEIGHT
6.75lbs

INTERPRETED BY
Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Current presentation: Isabella continues to have a good appetite. She does cough, mostly after barking, but has improved with the diphenoxylate. Overall, she is doing well. CV/RESP: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 130mmHg x 4. -Current medications: 1) Pimobendan/vetmedin 1.25mg 1 caplet daily 2) Diphenoxylate with atropine/lomotil 2.5mg 1/2 tab twice a day 3) mobility bit daily 4) cardiac supplement daily *No sedation for study. -Pertinent previous echo findings (6/9/21 MML): LA 1.9 cm; LA:Ao 1.6; LV 2.3 cm; borderline moderately dilated LA; moderate MR; mild TR (2.4 m/s).

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is mildly increased with hyperdynamic function. LV wall thicknesses are normal.
Left atrium: The left atrium is borderline moderately dilated.
Mitral valve: The mitral valve is diffusely thickened with mild prolapse into the left atrial lumen. Moderate 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 indicating no overt evidence of pulmonary arterial hypertension.
Right atrium: Normal RA dimension.
Tricuspid valve: The tricuspid valve appears mildly thickened with mild 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 150bpm.

IMAGING PERFORMED BY
Pamela Harrigan,
RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
22312

DATE
12/7/21

2-Dimensional Measurements

Ao diam (cm)	1.3
LA diam (cm)	1.9
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.6
LVID diastole (cm)	2.5
PW thickness (cm)	0.6
LVID systole (cm)	1.1
FS (%)	56

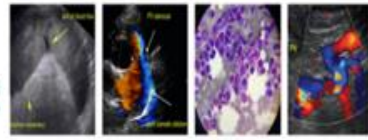
Doppler Measurements

PV Vmax (m/s)	0.8
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	5.6
TR Vmax (m/s)	2.7
TR PG (mmHg)	30

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists without evidence of significant progression. While the LV is increased slightly, the LA dimension and quantitative MR are similar to the prior study. No development of concurrent issues such as pulmonary hypertension at this time.

Continued Pimobendan as previously recommended. Continue assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).



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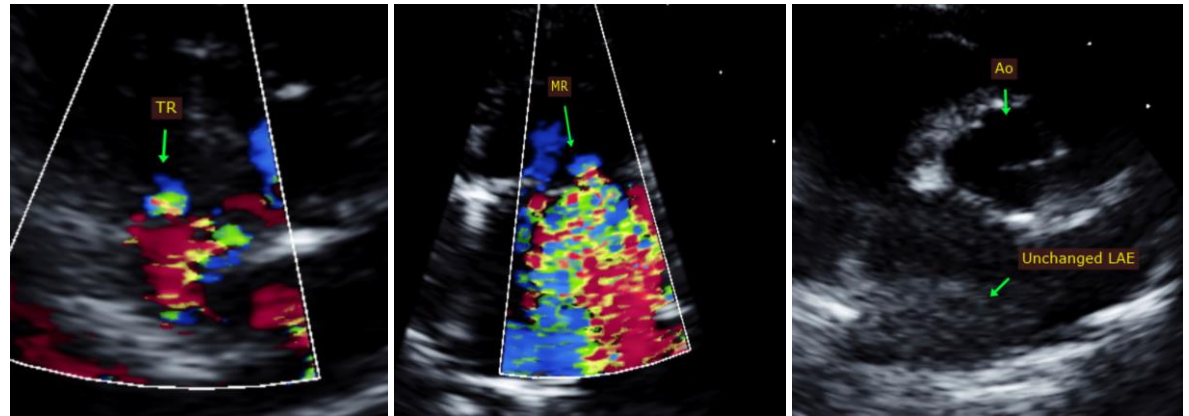
RECOMMENDATIONS

- Continue Pimobendan as prescribed.
- Consider hydrocodone as previously discussed.
- 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 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)