



**PATIENT**

Peanut Hahn

**SPECIES**

Canine

**BREED**

Pomeranian

**SEX**

Female Spayed

**AGE**

14 years

**WEIGHT**

9.44lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

22344

**DATE**

12/8/21

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History trivial MR/TR with normal LA size. Current presentation: Peanut coughs with any pressure on her chest. She also coughs when drinking. The owner is using holistic methods to help treat her. Peanut is eating well with normal activity and no S/V/D/PU/PD. Exam: NSR, grade II/VI murmur with PMI left apical area, PSS, lung fields clear, constant cough throughout exam. BP: 200mmHg x 4.

-Current medications: Hycodan 5mg 1/2 tab am and pm with 1/4-tab mid-day  
\*Sedated with propofol.

-Pertinent previous echo findings (6/16/21 MML): LA 1.6 cm; LA:Ao 1.6; LV 1.4; normal LA, trace MR; mild TR (3.2 m/s) mild PHTN; small LV dimension.

**ECHOCARDIOGRAM FINDINGS**

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

**Left ventricle:** The LV diameter is decreased with adequate myocardial function. LV wall thicknesses are normal. The endocardium appears fibrotic particularly along the free wall.

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

**Mitral valve:** Normal mitral valve leaflets with no prolapse into the left atrial lumen. Mild mitral regurgitation

**Aortic valve/aorta:** The aortic valve is normal in morphology and mobility. Borderline aortic outflow velocity; laminar flow. Mild 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 normal with mild 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. Variable pulmonic outflow velocity with laminar flow and a dynamic profile.

**Pericardium/other:** No pericardial or pleural effusion noted. No obvious cardiac masses.

**Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 160bpm.

**2-Dimensional Measurements**

Ao diam (cm)	1.1
LA diam (cm)	1.5
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.9
LVID diastole (cm)	1.6
PW thickness (cm)	1.2
LVID systole (cm)	0.9
FS (%)	44

**Doppler Measurements**

PV Vmax (m/s)	2.5
AoV Vmax (m/s)	1.6
MR Vmax (m/s)	NM
TR Vmax (m/s)	3.5
TR PG (mmHg)	48

**INTERPRETATION OF THE FINDINGS**

Compared to the prior study, there is slight progression in both the mitral and tricuspid leaks; however, the overall dimensions and function remain normal. The TR velocity has increased consistent with mild to moderate pulmonary hypertension, presumably secondary to the chronic cough. The LV appearance remains significantly volume depleted with increasing LV wall dimensions compared to the prior study. The patient's blood pressure is significantly elevated which may or may not be contributing to this finding.

Reassessment of the BP is advised if the patient is significantly stressed on exam. Finally,



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the aortic leak is slightly increased as well and may also support true pathologic hypertension.

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If the BP is deemed accurate, vasodilation is indicated as dictated by Internal Medicine evaluation. Additionally, the cough remains non-cardiac in origin and further work up/treatment may be indicated depending on severity of the symptom.

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**RECOMMENDATIONS**

- Baseline lab work as discussed.
- Reassess BP and/or treat as discussed.
- Continued evaluation and treatment of the cough is recommended.
- No cardiac medications are recommended.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

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**PLAN**

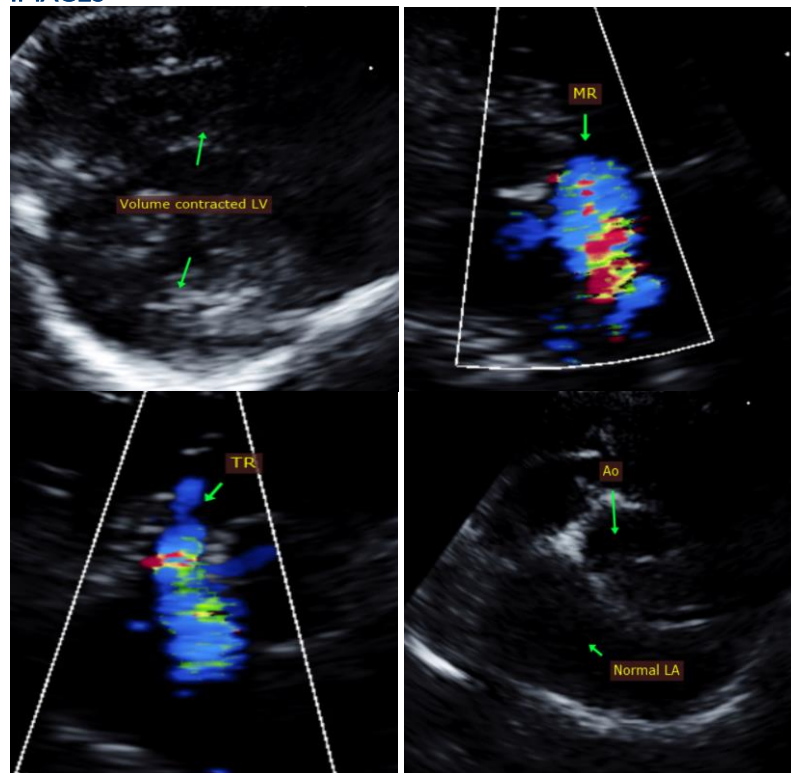
- Recommend conservative monitoring with a recheck echocardiogram in 6-12 months, sooner if any development of clinical signs.

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**IMAGES**

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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.

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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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Pomeranian

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

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

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