



PATIENT

Blu Shiroma

SPECIES

Canine

BREED

Chihuahua

SEX

Male Neutered

AGE

11 years

WEIGHT

11.3lbs

PRESENTING CLINICAL SIGNS

History: History bladder stones. Presented for cystotomy - grade III/VI systolic murmur heard on exam. Surgery postponed pending echocardiogram. BP: 180-190 mmHg. Sedated with trazadone/midazolam/butorphanol.

ECHOCARDIOGRAM FINDINGS

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

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

Left atrium: The left atrium is moderately dilated.

Mitral valve: The mitral valve is diffusely thickened with significant 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. Trace 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 100bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.3
LA diam (cm)	2.1
LA:Ao (Swe)	1.66
IVS thickness (cm)	0.6
LVID diastole (cm)	2.8
PW thickness (cm)	0.6
LVID systole (cm)	1.6
FS (%)	43

Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	5.2
TR Vmax (m/s)	2.7
TR PG (mmHg)	28

IMAGING

PERFORMED BY

Pamela Harrigan,
RDMS

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing moderate to severe mitral and mild tricuspid regurgitation. Moderate left atrial enlargement indicates there is relatively low risk for imminent complication, however risk for progression to spontaneous congestive heart failure in the future is elevated. No additional issues are identified.

HOSPITAL NAME

Littleton Animal
Hospital

REFERRING VET

Dr. Radzinski

Given these findings, Pimobendan and an ACE-I are recommended as below. This is based upon severity of disease in addition to a reportedly elevated blood pressure in hospital, which should be reassessed once medications are onboard. Assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).

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If the BP is persistently >180mmHg despite a relatively calm demeanor and institution of 2 medications, recommend institution of amlodipine to effect. Additionally, if deemed accurate, screening for predisposing underlying causes of SHT is recommended (Cushings,



PATIENT
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PLN, adrenal tumor, etc.), as primary disease is relatively uncommon and a rule out diagnosis.

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RECOMMENDATIONS

- Institute heart muscle support Pimobendan 0.3mg/kg PO q12h.
- Institute ACE-I 0.5mg/kg PO q12h.
- Reassess BP in 1-2 weeks. Consider ancillary vasodilators if persistently elevated.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Once on Pimobendan for 3-5 days, 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.

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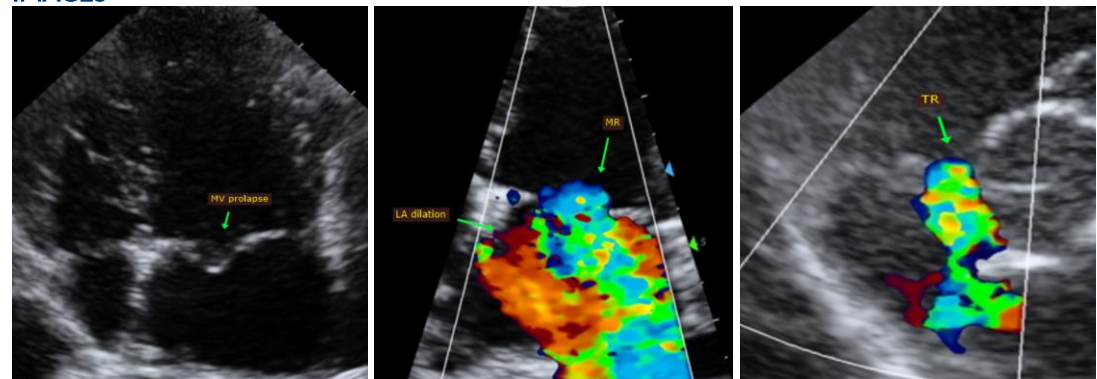
PLAN

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

INTERPRETED BY

Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)

IMAGES



IMAGING PERFORMED BY
 Pamela Harrigan,
 RDCS

HOSPITAL NAME
 Littleton Animal
 Hospital

REFERRING VET
 Dr. Radzinski

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.

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DATE
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