



PATIENT

Oliver Criasia

SPECIES

Canine

BREED

Chihuahua

SEX

Male Neutered

AGE

14 years

WEIGHT

10.3lbs

PRESENTING CLINICAL SIGNS

History: Coughing. Grade V/VI. Systolic murmur; palpable thrill. Radiographs: Moderate-severe left-sided cardiomegaly, mild pulmonary venous congestion, concern for cardiogenic pulmonary edema (alternatively, atelectasis is also a possibility). Moderate-severe bronchus compression. Started on Lasix 12.5mg 1/2BID. BP: 150, 152, 159mmHg.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: Severe LV dilation with hyperdynamic myocardial function.

Left atrium: The left atrium is marked dilated.

Mitral valve: Diffuse thickening of mitral valve leaflets with marked prolapse into the left atrial lumen. 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: Mild RV dilation.

Right atrium: Mild right atrial dilation.

Tricuspid valve: The tricuspid valve appears mildly thickened with septal prolapse and mild tricuspid regurgitation. Mildly elevated velocity consistent with mild to moderate pulmonary hypertension.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. The MPA appears mildly dilated. Normal pulmonic outflow velocities with laminar flow. No PI.

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

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

| | |
|--------------------|-----|
| Ao diam (cm) | 1.1 |
| LA diam (cm) | 3.0 |
| LA:Ao (Swe) | 2.7 |
| IVS thickness (cm) | 0.6 |
| LVID diastole (cm) | 3.4 |
| PW thickness (cm) | 0.6 |
| LVID systole (cm) | 1.6 |
| FS (%) | 53 |

Doppler Measurements

| | |
|----------------|------|
| PV Vmax (m/s) | 0.95 |
| AoV Vmax (m/s) | 1.2 |
| MR Vmax (m/s) | 4.9 |
| TR Vmax (m/s) | 3.6 |
| TR PG (mmHg) | 52 |

IMAGING

PERFORMED BY

Eduardo Rodriguez
III, RCS

INTERPRETATION OF THE FINDINGS

The cause of the murmur is chronic degenerative valve disease causing severe mitral and mild tricuspid regurgitation. Marked left atrial enlargement indicates the risk for spontaneous congestive heart failure is elevated. Mild to moderate pulmonary hypertension is noted, which is likely secondary to chronic LA pressure elevation and active congestion. No additional issues are identified.

HOSPITAL NAME

Meondon Animal
Clinic

REFERRING VET

Dr. Cervasio

In light of the clinical signs, chest radiographs and severity of disease on echocardiogram, the diagnosis is congestive heart failure and continued medications are warranted lifelong as below. Note medication changes below.

INVOICE

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The average survival time of canine patients with active pulmonary edema is 8-9 months on medications, however they generally are able to maintain a good quality of life for that period. Patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

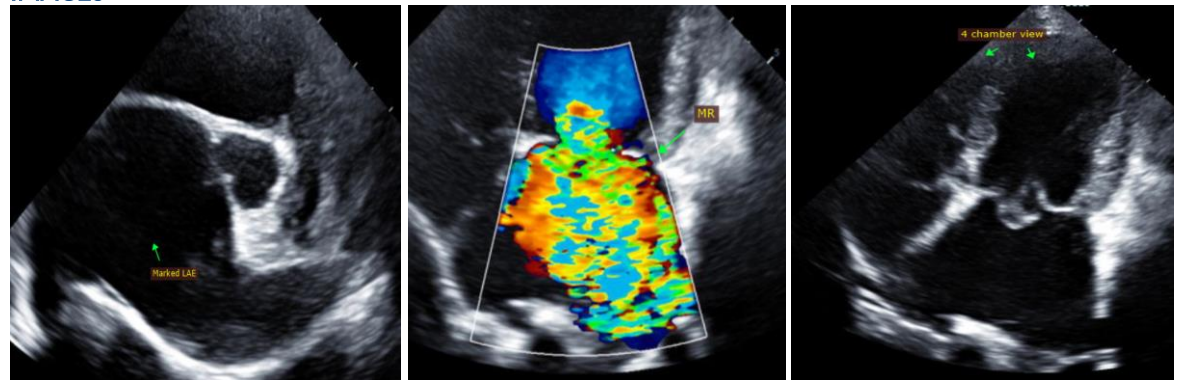
RECOMMENDATIONS

- Institute Lasix/furosemide 1-2mg/kg PO q12h.
- Institute Spironolactone 1-2 mg/kg PO q 12h.
- Institute Pimobendan 0.25-0.3 mg/kg PO q12h.
- Cough suppression to improve QOL can also be considered (hydrocodone, 0.2-0.4mg/kg up to q4-6h PRN) for any residual mechanical cough in the face of normal sleeping respiratory rates.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.
- Monitoring of sleeping respiratory rates will be paramount to screen for congestive heart failure at home.
- Elective anesthesia is not advised.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

PLAN

- Monitor renal values and BP in 1-2 weeks, then every 3-4 months lifelong. If doing well and BP >130mmHg, institute ACEI 0.5mg/kg PO q12h.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

IMAGES





PATIENT

Oliver Criasia

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.

SPECIES

Canine

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.

BREED

Chihuahua

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

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Male Neutered

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

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