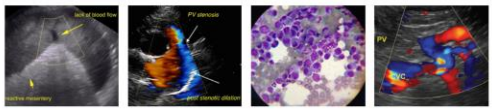
PAUS
Pet Animal Ultrasound Service
4paus.com 781-635-5677



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Lily Voccola

SPECIES
Canine

BREED
Pug

SEX
Female Spayed

AGE
8 years

WEIGHT
19.6lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Rhode Island Animal Medical Center

REFERRING VET
Dr. Rogoff

INVOICE
22536

DATE
2/13/22

PRESENTING CLINICAL SIGNS

History: Radiographs; mild left-sided cardiomegaly; tracheal collapse; obesity. No murmur. BP: 85, 96, 100mmHg. Taking cough tabs.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is normal with adequate myocardial function. The LV wall thicknesses are normal. A small perimembranous VSD is seen just below the aortic valve. No flow is identified across the defect due to an aneurysmal closure.
Left atrium: The left atrium is normal.
Mitral valve: The mitral valve is normal in structure and mobility with 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: The RV is prominent.
Right atrium: The right atrium is prominent.
Tricuspid valve: The tricuspid valve appears normal with trace tricuspid regurgitation.
Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. Trace pulmonic insufficiency. Normal RVOT velocity.
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.

2-Dimensional Measurements

Ao diam (cm)	1.5
LA diam (cm)	1.67
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.6
LVID diastole (cm)	2.5
PW thickness (cm)	0.6
LVID systole (cm)	1.7
FS (%)	33

Doppler Measurements

PV Vmax (m/s)	0.5
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	NM
TR Vmax (m/s)	NM
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Essentially normal cardiac dimensions and function are identified in this study. A small perimembranous ventricular septal defect (VSD) is present, which is occluded by a septal aneurysm (ie no significant flow across the defect). This is quite unusual to see and has been present since birth. This is clinically insignificant as there is no flow across the defect. The right heart is prominent which likely reflects early PAH secondary to reported airway disease. No additional issues are identified, and the left heart is normal.

These findings would certainly suggest the cough is certainly noncardiac in origin. If the symptom remains poorly controlled going forward, pulmonary hypertension can certainly progress. Monitor for signs of significant pulmonary hypertension, including exertional syncope of dyspnea. Prognosis is open prior to monitoring for its development

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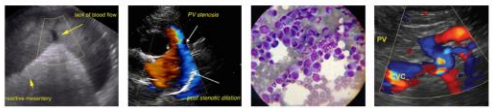

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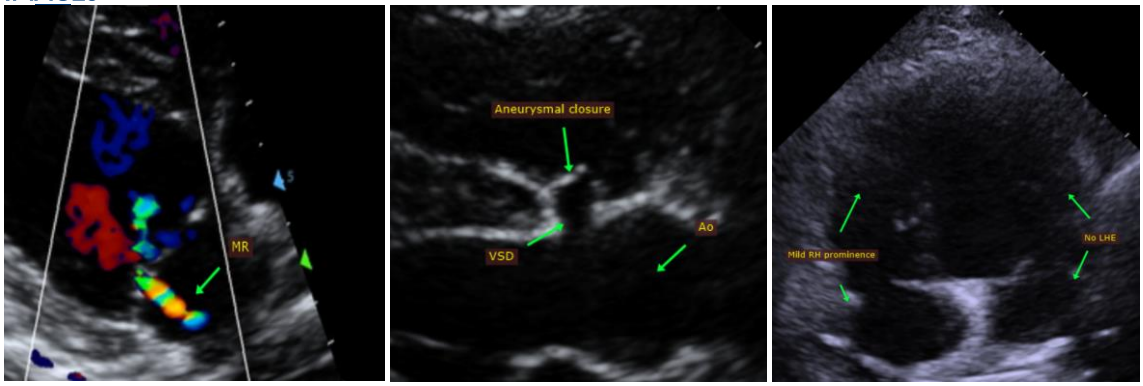
RECOMMENDATIONS

- Given these findings, no medications are indicated.
- More aggressive cough support can be utilized if needed.
- No cardiac contraindication for general anesthesia.
- Monitor for any clinical evidence of cardiac compromise, including respiratory changes, cough, exercise intolerance or collapse.

PLAN

- Recommend recheck echocardiogram should a murmur or signs or pulmonary hypertension be noted in the future.

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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com