



DATE PRESENTING CLINICAL SIGNS

2.13.26 History: CXR showed a large globoid heart. Assess prior to anesthesia before cystotomy.
-Current medications: None listed.

PATIENT

Tipsy Ewing -Sedation used: Not required to complete full diagnostic ultrasound.
-Pertinent previous ultrasound results: No previous.
-STAT: Declined.
-Imaging performed by: Stephanie Warga RDCS, RVT.

SPECIES

Canine

BREED

Chihuahua

SEX

FS

AGE

1.15.13

WEIGHT

8.6lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

HOSPITAL NAME

Homeward Vound VC

REFERRING VET

Dr. Vance

INVOICE

46840

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild thickening of mitral valve leaflets with no obvious prolapse into the left atrial lumen. Trace mitral regurgitation with a normal left atrial dimension. Normal LV diameter with adequate myocardial function. The tricuspid valve appears mildly thickened with moderate tricuspid regurgitation. Mild to moderate right heart enlargement consistent with pulmonary arterial hypertension. TR velocity consistent with moderate PAH. The pulmonic and aortic valves are normal in morphology and mobility. Mild main PA and branch dilation. Trace pulmonic insufficiency. Normal pulmonic and aortic outflow velocities. No pericardial or pleural effusion. No cardiac tumors observed

CARDIAC CHART

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT		3.6	NM	1.3	31	61	NM
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LA 2D short axis Base view (cm)	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
PATIENT	180	1.1	0.8	3.9	1.5	2.0	1.2
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
BODY WEIGHT DEPENDENT PARAMETERS				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
*Note: All measurements based upon multi-modal images and methods. An average value is reported.				10	1.50 (3.8)	3.27 (3.5)	2.06 (3.1)
				15	1.83 (2.0)	3.71 (2.4)	2.43 (2.1)
				20	2.02 (1.9)	4.14 (2.2)	2.80 (2.0)
				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
				40	2.62 (5.2)	5.48 (6.1)	3.96 (5.4)
				50	2.88 (7.1)	6.07 (8.3)	4.46 (7.4)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The only abnormality identified is moderate tricuspid regurgitation with evidence of moderate pulmonary hypertension. This is unexpected in an asymptomatic patient, as this is typically seen with

significant airway disease. The right heart is mildly enlarged, suggesting mild hemodynamic significance. The left heart is normal, and no additional issues are noted in this study.

Given mild to moderate right heart enlargement with pulmonary hypertension, it is reasonable to consider institution of Sildenafil at this time. No additional medications are indicated. Baseline CXR may be warranted to screen for any underlying pulmonary issues.

Assessment of progression in the future will help predict long term prognosis, which is guarded at this stage (B2). 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.

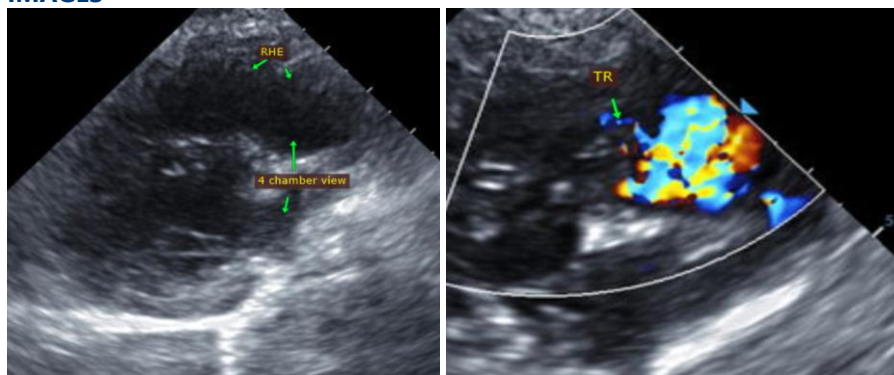
Anesthetic risk is considered mild pending a normal Atropine pre-medication. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. **Pre-oxygenate for 5-10 minutes prior to induction.** Monitor for arrhythmias, hypotension, 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.

PLAN

Consider institute Sildenafil 1-2mg/kg PO q12h. Baseline CXR may be useful for further comparison.

Recommend conservative monitoring with a recheck echocardiogram in 6-12 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.

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