



**PATIENT**

Bruce Principe

**SPECIES**

Canine

**BREED**

Chihuahua Mix

**SEX**

Male Neutered

**AGE**

7 years

**WEIGHT**

7.4lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

28966

**DATE**

2/14/23

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History chronic valvular disease - Stage B2. Presently, Bruno is doing well at home with a good appetite and activity level. He has a mild cough, 3-4 times a day. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 130mmHg x 4. Current medications: 1) Pimobendan/vetmedin 3.75mg 1/4 tab twice a day 2) Spironolactone 12.5mg 1/4 tab twice a day 3) Hydrocodone with homatropine 5/1.5mg 1/2 tab twice a day as needed to control cough \*Sedated with propofol for study.

-Pertinent previous echo findings ((8/24/22 MML): LA 2.2 cm; LA:Ao 2.2; LV 2.9 cm; severe LAE; mild LVE; severe MR; mild TR (3.2 m/s; 42 mmHg); mild pulmonary hypertension.

**ECHOCARDIOGRAM FINDINGS**

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

**Left ventricle:** LV is normal with hyperdynamic myocardial function.

**Left atrium:** The left atrium is severely dilated with a horizontal component.

**Mitral valve:** Diffuse thickening of mitral valve leaflets with mild prolapse into the left atrial lumen. Severe eccentric mitral regurgitation, 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 enlargement.

**Right atrium:** Mild RA enlargement.

**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. Normal pulmonic outflow velocities. No pulmonic insufficiency.

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

**Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 150bpm.

**2-Dimensional Measurements**

Ao diam (cm)	1.1
LA diam (cm)	2.2
LA:Ao (Swe)	2.0
IVS thickness (cm)	0.7
LVID diastole (cm)	2.4
PW thickness (cm)	0.7
LVID systole (cm)	1.5
FS (%)	38

**Doppler Measurements**

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	4.5
TR Vmax (m/s)	2.4
TR PG (mmHg)	24

**INTERPRETATION OF THE FINDINGS**

Compared to the prior study, findings are similar to mildly improved. Severe mitral and mild tricuspid regurgitation are unchanged; however, the left heart dimensions are slightly smaller. Pulmonary pressures appear normal and no additional issues are identified.

Given these findings, continue medications as prescribed. Continued Hydrocodone can be utilized if needed for quality of life. No obvious indication for additional medications at this time. Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF at home.



**PATIENT**  
Bruce Principe

Long term prognosis is guarded; however, stability thus far is certainly a good sign. Once CHF develops, they are generally able to maintain a good quality of life for an average of 8-12 months. Patient will always be at risk for progression to CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

**SPECIES**  
Canine

**RECOMMENDATIONS**

- Administer Pimobendan 0.3mg/kg PO q12h.
- Administer Spironolactone 1-2mg/kg PO q12h.
- Continue hydrocodone as needed.
- Elective anesthesia is not advised.
- 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. Monitoring of sleeping breathing rates is the best way to screen for progression to CHF at home.

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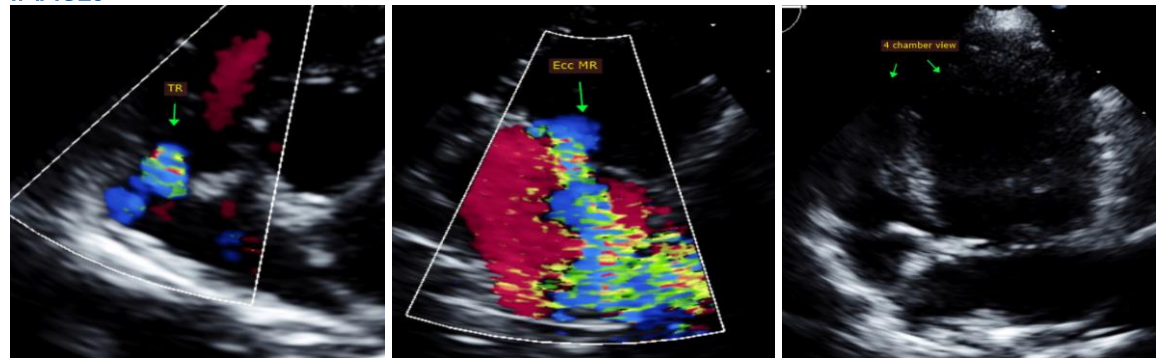
**PLAN**

- A recheck echocardiogram is recommended in 6 months to screen for progression, sooner if clinical signs arise.

**WEIGHT**  
7.4lbs

**IMAGES**

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Pamela Harrigan,  
RDCS

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.

**HOSPITAL NAME**  
Mass Veterinary  
Services

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.

**REFERRING VET**  
Dr. Masloski

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**INVOICE**  
28966

**Echocardiogram performed by:**

Pamela Harrigan, RDCS  
Pet Animal Ultrasound Service (4paus.com)

**DATE**  
2/14/23