



PATIENT

Cash Smidy

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Male Neutered

AGE

12 years

WEIGHT

20.75lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

28989

DATE

2/14/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage C. Presently, Cash is doing well overall but does cough occasionally. Good appetite but is only eating table food (only meat). 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 2.5mg 1 tab twice a day 2) Enalapril 5mg 1 tab daily 3) Lasix/furosemide 20mg 1/2 tab twice a day 4) Spironolactone 25mg 1/2 tab twice a day *No sedation for study.

-Pertinent previous echo findings (7/19/22 MML): LA 3.4 cm; LA:Ao 2.3; LV 3.8 cm; severe LAE; LVE; severe MR (RCT), mild TR (2.9 m/s; 34 mmHg), mild pulmonary hypertension.

ECHOCARDIOGRAM FINDINGS

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

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

Left atrium: The left atrium is moderately dilated.

Mitral valve: The anterior leaflet of the mitral valve is severely thickened with a ruptured chordae tendineae is visualized. Flail leaflet. Moderate mitral regurgitation. Normal velocity.

Aortic valve/Aorta: The aortic valve appears normal with normal outflow velocity; laminar flow. No aortic insufficiency.

Right ventricle: Mild right ventricular enlargement.

Right atrium: Mild RA enlargement.

Tricuspid valve: The tricuspid valve appears normal with mild tricuspid regurgitation. Velocity consistent with mild pulmonary hypertension

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 180bpm.

2-Dimensional Measurements

Ao diam (cm)	1.6
LA diam (cm)	3.1
LA:Ao (Swe)	1.9
IVS thickness (cm)	0.7
LVID diastole (cm)	3.2
PW thickness (cm)	0.7
LVID systole (cm)	1.7
FS (%)	47

Doppler Measurements

PV Vmax (m/s)	1.2
AoV Vmax (m/s)	1.7
MR Vmax (m/s)	6.4
TR Vmax (m/s)	2.8
TR PG (mmHg)	32

INTERPRETATION OF THE FINDINGS

Compared to the prior study, findings are similar to mildly improved. The flail leaflet is still apparent; however, the left heart dimensions have appeared to stabilize. Mild pulmonary hypertension is unchanged and no additional are identified.

Given these findings, continuing all medication is recommended as below. Prognosis remains guarded to poor long term, with an average survival time of 8-12 months. Even with stability seen here, the patient will always be at risk for recurrent CHF, development of arrhythmias/left atrial tear, syncope and/or sudden death in the future.



PATIENT

Cash Smidy

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Male Neutered

AGE

12 years

WEIGHT

20.75lbs

INTERPRETED BY

Maggie Machen Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

28989

DATE

2/14/23

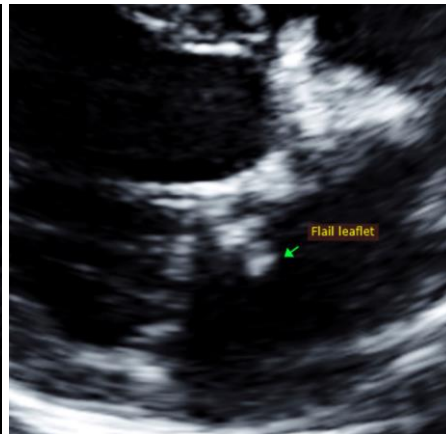
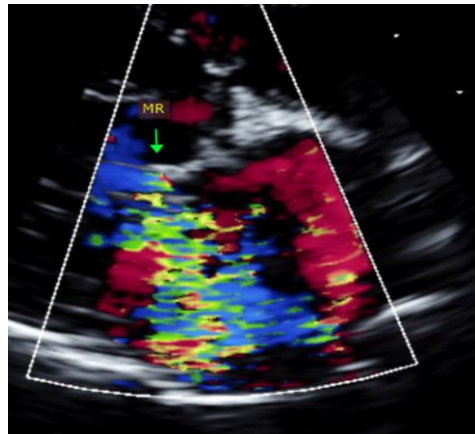
RECOMMENDATIONS

- Continue Lasix, Pimobendan, Enalapril and Spironolactone as previously prescribed.
- Consider Hydrocodone if needed for quality of life.
- Close monitoring for development of associated clinical signs (development of a cough, labored breathing, exercise intolerance or worsening collapse episodes) is recommended. Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF at home.
- If collapse episodes persist, consider an extended ECG and/or holter monitor.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Mild activity restriction is advised.
- Elective anesthesia is not advised.

PLAN

- A renal panel is recommended every 3-4 months lifelong.
- Recommend recheck echocardiogram in 6 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.

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

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