



PATIENT

Cici Laflamme-Bernier

SPECIES

Canine

BREED

Shih Tzu

SEX

Female Spayed

AGE

12 years

WEIGHT

16.3lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage C. Presently, occasional cough noted after play. She is doing well otherwise with a good appetite and normal activity level. On exam: NSR, grade IV-V/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 140mmHg x 5. Current medications: 1)

Pimobendan/vetmedin 3.75mg 1/2 tab twice a day 2) Lasix/furosemide 12.5mg 1 tab twice a day 3) Diphenoxylate with atropine/hycodan 2.5mg 1/4 tab twice a day 4) Enalapril 2.5mg 1.5 tabs twice a day 5) Spironolactone 25mg 1/4 tab twice a day 6) Alprazolam 0.25mg for storms
*No sedation for study.

-Pertinent previous echo findings (8/16/22 MML):LA 2.7 cm; LA:Ao 1.6; LV 3.8 cm; moderate LAE; mild LVE; moderate-severe MR (RCT), trace TR (2.9 m/s; 33 mmHg).

ECHOCARDIOGRAM FINDINGS

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

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

Left atrium: The left atrium is moderate to severely dilated.

Mitral valve: The mitral valve is diffusely thickened with prolapse and moderate to 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. Normal aortic insufficiency.

Right ventricle: Normal right ventricular.

Right atrium: Normal RA.

Tricuspid valve: The tricuspid valve is normal with mild tricuspid regurgitation. Normal velocity.

Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. Mild 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 120bpm.

2-Dimensional Measurements

Ao diam (cm)	1.8
LA diam (cm)	2.9
LA:Ao (Swe)	1.6
IVS thickness (cm)	0.6
LVID diastole (cm)	3.7
PW thickness (cm)	0.6
LVID systole (cm)	1.4
FS (%)	62

Doppler Measurements

PV Vmax (m/s)	0.66
AoV Vmax (m/s)	1.5
MR Vmax (m/s)	5.5
TR Vmax (m/s)	2.7
TR PG (mmHg)	30

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

28968

DATE

2/14/23

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with overall stability. Moderate to severe mitral and mild tricuspid regurgitation are largely unchanged with stable left and right heart dimensions. No significant pulmonary hypertension persists, likely due to medical management and no additional issues are identified.

Given these findings, continue all medications as prescribed. No obvious additional medications are warranted at this time.



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Prognosis remains guarded long-term with most CHF cases succumbing within 8-12 months. That being said, if the patient is able to be stabilized there is some potential for an improved outcome given a lack of significant chamber enlargement. Follow up will help dictate long term picture.

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Canine

RECOMMENDATIONS

- Continue Pimobendan 0.25-0.3mg/kg PO q12h.
- Continue Lasix 1-2mg/kg PO q12h.
- Continue Spironolactone 1-2mg/kg PO q12h.
- Continue ACE-I 0.5mg/kg PO q12h.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Elective anesthesia is not advised at this time.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes. Monitor sleeping breathing rates at home as the best way to monitor for recurrent issues.

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PLAN

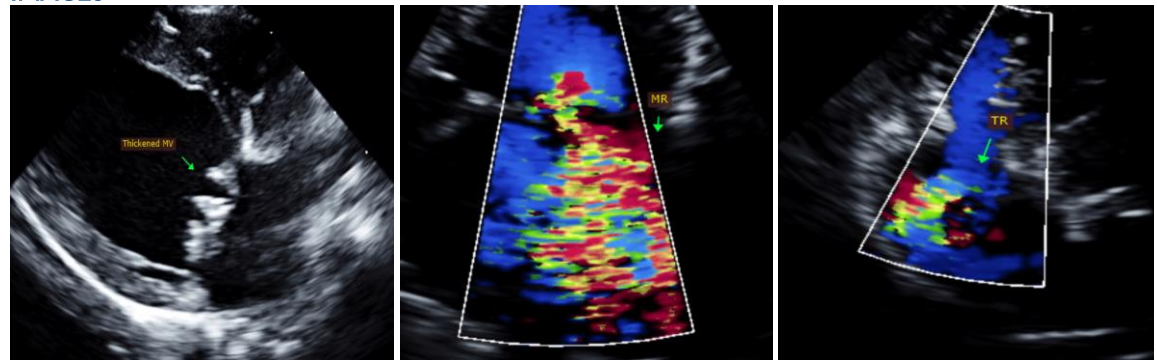
- Monitor renal panel and BP every 3-4 months lifelong.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

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IMAGES

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Maggie Machen Lamy, DVM
DACVIM (Cardiology)



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Pamela Harrigan, RDCS

HOSPITAL NAME

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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.

REFERRING VET

Dr. Masloski

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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Maggie Machen Lamy, DVM

Diplomate of the American College of Veterinary Internal Medicine (Cardiology)

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DATE

2/14/23

Echocardiogram performed by:

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