



**PATIENT**

Saydee Mirkin

**SPECIES**

Canine

**BREED**

Shih Tzu

**SEX**

Female Spayed

**AGE**

12 years

**WEIGHT**

16.4lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History chronic valvular disease - Stage B2 previously. Current presentation: In November, Saydee presented for increased coughing even though on hydrocodone. Chest films revealed congestion and she was started on Lasix. Presently, Saydee has been coughing. Normal respiratory rate. Good appetite and normal activity level. On auscultation today: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear, no cough with tracheal pressure. BP: 140mmHg x 4.  
-Current medications: 1) Pimobendan/vetmedin 5mg 1/2 tab twice a day 2) Enalapril 2.5mg 1.5 tabs twice a day 3) Hycodan 5mg 1 tab three times a day 4) Lasix/furosemide 12.5mg 1 tab twice a day \*No sedation for study.  
-Pertinent previous echo findings (5/11/21 MML): LA 2.8 cm; LA:Ao 1.9; LV 3.44 cm; moderate LAE; moderate-severe MR: mild TR (3.66 m/s; 54 mmHg); mild-moderate pHTN.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and Doppler imaging is available.  
**Left ventricle:** The LV diameter is moderately increased with hyperdynamic function. LV wall thicknesses are normal.  
**Left atrium:** The left atrium is severely dilated.  
**Mitral valve:** The mitral valve is diffusely thickened with mild prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with a normal velocity.  
**Aortic valve/Aorta:** The aortic valve is normal in morphology and mobility. Prominent aortic root. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.  
**Right ventricle:** Mild RV dilation. Minimal hypertrophy.  
**Right atrium:** Mild RA dilation.  
**Tricuspid valve:** The tricuspid valve appears mildly thickened with mild tricuspid regurgitation; velocity consistent with mild to moderate 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 120bpm.

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

22603

**DATE**

2/16/22

**2-Dimensional Measurements**

Ao diam (cm)	1.4
LA diam (cm)	3.4
LA:Ao (Swe)	2.4
IVS thickness (cm)	0.63
LVID diastole (cm)	4.0
PW thickness (cm)	0.64
LVID systole (cm)	1.8
FS (%)	55

**Doppler Measurements**

PV Vmax (m/s)	0.72
AoV Vmax (m/s)	1.0
MR Vmax (m/s)	5.6
TR Vmax (m/s)	3.7
TR PG (mmHg)	55

**INTERPRETATION OF THE FINDINGS**

Chronic degenerative valve disease persists with evidence of progression. While the pulmonary pressures are stable, the left heart is increased comparatively. There is now severe left atrial enlargement and severe mitral regurgitation. No obvious additional issues are identified.

Given these findings, the previous diagnosis of CHF is supported, and continued lifelong cardiac supportive medications are recommended as below, including addition of



**PATIENT**  
Saydee Mirkin

Spironolactone. This is for long-term benefit. No additional medications are warranted at this time.

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Canine

Prognosis is guarded to poor long-term (stage C), with risk for progression to CHF, development of arrhythmias and/or sudden death going forward.

**BREED**  
Shih Tzu

**RECOMMENDATIONS**

- Continue Pimobendan, ACEI and Lasix as prescribed.
- Consider institution of Spironolactone 1-2mg/kg PO q12h.
- Continue Hydrocodone as needed.
- 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 recommended to screen for CHF at home.
- Anesthesia is not advised.

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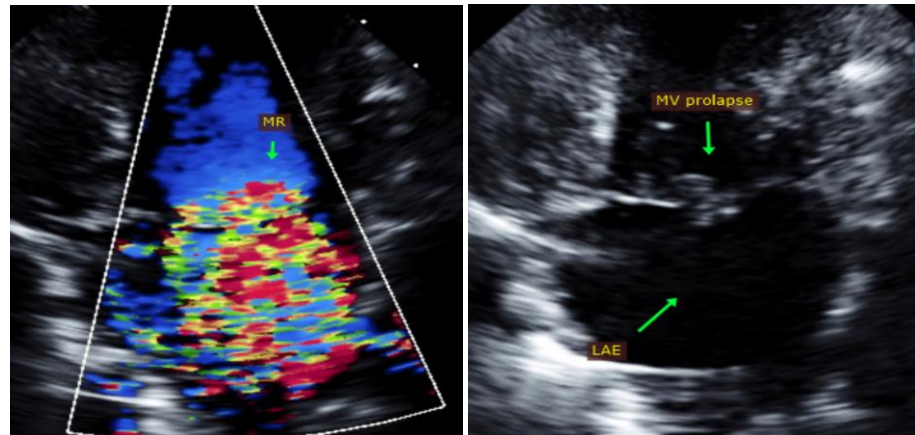
12 years

**PLAN**

- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

**WEIGHT**  
16.4lbs

**IMAGES**



**INTERPRETED BY**

Maggie Machen Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Mass Veterinary Services

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.

**INVOICE**

22603

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**DATE**

2/16/22

**Echocardiogram performed by:**

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