



PATIENT

Max McCarthy

SPECIES

Canine

BREED

Chihuahua

SEX

Male Neutered

AGE

13 years

WEIGHT

10.5lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Compassion
Veterinary Clinic

REFERRING VET

Dr. patil

INVOICE

29041

DATE

2/16/23

PRESENTING CLINICAL SIGNS

History: Diagnosed with IV/VI heart murmur 10/10/2019. Owner declined echo at the time. CXR showed cardiomegaly and mild pulmonary congestion - (no pulmonary edema). Has since been managed on 6.25mg Furosemide BID. BW done 8/12/2022-WNL. Seen 01/18 for malaise-decreased appetite. Started Pimobendan 1.25mg BID. Current meds: 1)Furosemide 6.25mg BID 2) Pimobendan 1.25mg BID. BP: 195, 206, 212 mmHg.

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 borderline.

Left atrium: The left atrium is normal.

Mitral valve: The mitral valve is diffusely thickened with mild prolapse into the left atrial lumen. Moderate 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. Trace aortic insufficiency.

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: Normal RA dimension.

Tricuspid valve: The tricuspid valve appears normal with mild tricuspid regurgitation; normal velocity.

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.

2-Dimensional Measurements

Ao diam (cm)	1.4
LA diam (cm)	1.7
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.7
LVID diastole (cm)	2.0
PW thickness (cm)	0.7
LVID systole (cm)	0.8
FS (%)	63

Doppler Measurements

PV Vmax (m/s)	1.4
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	5.5
TR Vmax (m/s)	2.7
TR PG (mmHg)	30

INTERPRETATION OF THE FINDINGS

The cause of the murmur is chronic degenerative valve disease causing moderate mitral and mild tricuspid regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. No concurrent issues such as systolic dysfunction or pulmonary hypertension are noted in this study. Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).

The reported blood pressure is elevated, and may explain both a small aortic leak and borderline LV wall dimensions. Assuming this is thought to be a 'real' value (ie independent of stress), recommend institution of amlodipine to effect. Additionally if deemed accurate, screening for predisposing underlying causes of SHT is recommended (Cushings, PLN, adrenal tumor, etc), as primary disease is relatively uncommon and a rule



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out diagnosis. If there is any question on the accuracy of this reading consider reassess as the sole reason for the visit.

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Given what is seen here CHF is extremely unlikely is no indication for continued Lasix therapy. Additionally pimobendan is not clearly indicated prior to significant LA dilation and this can also be discontinued. It is unclear as to the cause of malaise this case, and if the symptoms persist despite further blood pressure control and discontinuing medications further evaluation will be indicated.

BREED

Chihuahua

RECOMMENDATIONS

- In a dog without significant left atrial enlargement, no cardiac medications are clearly indicated and Lasix/pimobendane can be discontinued.
- Consider treat BP v reevaluate as discussed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is considered mild if needed. 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.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

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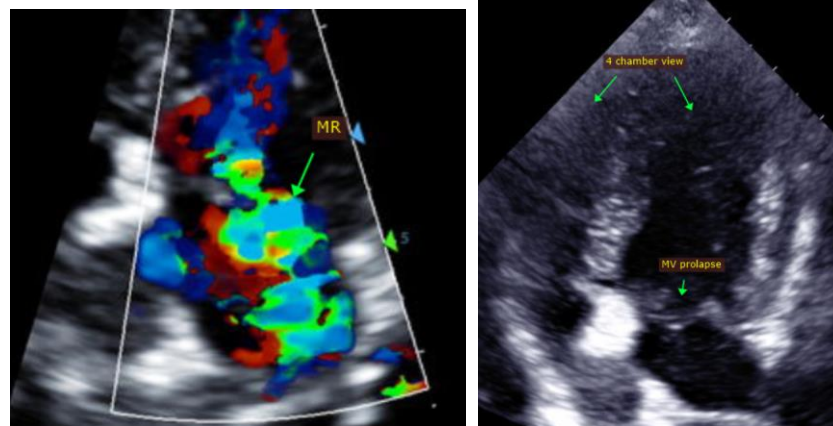
PLAN

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

IMAGING PERFORMED BY

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 RDCS

IMAGES



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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.



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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.

SPECIES

Canine

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Echocardiogram performed by: Pamela Harrigan, RDCS

Pet Animal Ultrasound Service (4paus.com)

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