



PATIENT

Rosco Furtado

SPECIES

Canine

BREED

Pekingese

SEX

Male Neutered

AGE

11 years

WEIGHT

17.8lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Anchor Animal
Hospital

REFERRING VET

Dr. Lavin

INVOICE

22637

DATE

2/17/22

PRESENTING CLINICAL SIGNS

History: Presented for syncope x several months; coughs when laying down. On exam, grade IV/VI systolic murmur. Radiographs: cardiomegaly. Started furosemide 12.5mg BID; Pimobendan 1.25mg BID. BP: 170mmHg. *Sedated with butorphanol/midazolam/alfaxan.

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 mildly dilated. Mild pulmonary venus distention is noted entering the LA.

Mitral valve: The mitral valve is diffusely thickened with mild prolapse into the left atrial lumen. Mild to 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. No 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 mildly thickened with mild septal prolapse and mild tricuspid regurgitation. Velocity consistent with early 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.

2-Dimensional Measurements

Ao diam (cm)	1.4
LA diam (cm)	2.1
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.7
LVID diastole (cm)	2.3
PW thickness (cm)	0.7
LVID systole (cm)	1.1
FS (%)	55

Doppler Measurements

PV Vmax (m/s)	0.5
AoV Vmax (m/s)	1.0
MR Vmax (m/s)	4.9
TR Vmax (m/s)	2.8
TR PG (mmHg)	31

INTERPRETATION OF THE FINDINGS

The cause of the murmur is chronic degenerative valve disease causing mild to moderate mitral and mild tricuspid regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. A dilated pulmonary vein is identified, which is of unknown significance in the absence of severe left atrial enlargement. Mild pulmonary hypertension is noted which should be monitored going forward in this predisposed breed. No additional issues are identified. Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).

Given these findings, it is reasonable to continue Pimobendan as prescribed. No obvious indication for Lasix therapy prior to congestive heart failure. The cough is suspected to be non-cardiac in origin and other possibilities should be considered. This breed is predisposed to primary airway disease and Hydrocodone may be of some benefit.



PATIENT

Rosco Furtado

SPECIES

Canine

BREED

Pekingese

SEX

Male Neutered

AGE

11 years

WEIGHT

17.8lbs

INTERPRETED BY

Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
 RDCS

HOSPITAL NAME

Anchor Animal
 Hospital

REFERRING VET

Dr. Lavin

INVOICE

22637

DATE

2/17/22

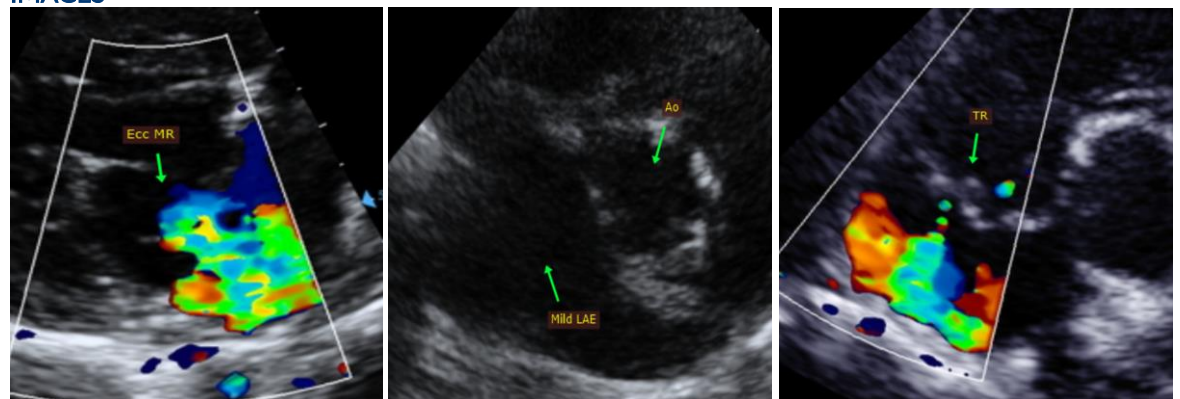
RECOMMENDATIONS

- Discontinue Lasix as discussed.
- Continue Pimobendan as prescribed.
- Consider primary respiratory cause of coughing.
- 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.

PLAN

- Recommend conservative monitoring with a 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