



PATIENT

Jack Mann

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Male Neutered

AGE

10 years

WEIGHT

24lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Wood River Animal
Hospital

REFERRING VET

Dr. Schuelke

INVOICE

29079

DATE

2/17/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease- Stage B2. Last echo done on 10/21/22 (MML: LA 3.4cm; LA:Ao 2.1; LV 4.1 cm). Presented for difficulty breathing 1/15/23 - radiographs revealed pulmonary edema. Initially improved with a dose increase of Spironolactone but relapsed. Added Furosemide with much improvement. Current medications: 1) Pimobendan 5mg 1/2-tab BID 2) Enalapril 5mg 1 BID 3)Furosemide 20 mg 1 BID 4) Spironolactone 25 mg 1 BID 5) Hydrocan 5mg 1 BID.

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 marked dilated.

Mitral valve: The mitral valve is diffusely thickened with mild prolapse into the left atrial lumen. Marked 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 to moderate 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 150bpm.

2-Dimensional Measurements

Ao diam (cm)	1.5
LA diam (cm)	3.6
LA:Ao (Swe)	2.5
IVS thickness (cm)	0.8
LVID diastole (cm)	4.6
PW thickness (cm)	0.7
LVID systole (cm)	1.9
FS (%)	58

Doppler Measurements

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	4.9
TR Vmax (m/s)	3.3
TR PG (mmHg)	43

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with continued evidence of progression. The left heart is now markedly enlarged with marked MR. Additionally, a tricuspid leak has developed, and mild pulmonary hypertension is identified. No additional concurrent issues are documented.

Given these findings, the recent diagnosis of CHF is supported and continued full cardiac support is recommended as below.

Continued assessment of progression, which is poor at this stage (C). The average survival time once pulmonary edema develops is <1 year. Unfortunately, the patient will always



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be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

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RECOMMENDATIONS

- Continue Pimobendan, ACE-I and Spironolactone as previously recommended.
- Continue Lasix 1-2mg/kg PO q12h.
- Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF at home.
- 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.

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PLAN

- A renal panel and BP is recommended 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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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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Pamela Harrigan,
 RDCS

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 Hospital

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.

REFERRING VET

Dr. Schuelke

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

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