



PATIENT

Addy Rocha

SPECIES

Canine

BREED

Mix

SEX

Female Spayed

AGE

11 years

WEIGHT

44.1lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Wignall Animal
Hospital

REFERRING VET

Dr. Harvey

INVOICE

28737

DATE

2/2/23

PRESENTING CLINICAL SIGNS

History: Concern for CHF. Exercise intolerance, coughing, heart murmur IV/VI. Radiography results: Cardiomegaly, perihilar interstitial to alveolar pattern. Current meds: Furosemide 20mg 1t SID. BP: 159, 160mmHg

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: Significant LV dilation with hyperdynamic myocardial function. Decreased LV wall thickness.

Left atrium: The left atrium is markedly dilated.

Mitral valve: Severe diffuse thickening of mitral valve leaflets with prolapse into the left atrial lumen. Ruptured chord suspected. Severe eccentric mitral regurgitation. Decreased velocity.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

Right ventricle: Mild RV dilation.

Right atrium: Mild right atrial dilation.

Tricuspid valve: The tricuspid valve appears mildly thickened with minimal septal prolapse, and moderate tricuspid regurgitation. Elevated velocity consistent with moderate pulmonary hypertension.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. The MPA appears mildly dilated. Normal pulmonic outflow velocities with laminar flow. No PI.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 140bpm.

2-Dimensional Measurements

Ao diam (cm)	1.5
LA diam (cm)	4.9
LA:Ao (Swe)	>3
IVS thickness (cm)	0.8
LVID diastole (cm)	4.5
PW thickness (cm)	0.8
LVID systole (cm)	2.9
FS (%)	48

Doppler Measurements

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	1.5
MR Vmax (m/s)	4.1
TR Vmax (m/s)	3.6
TR PG (mmHg)	51

INTERPRETATION OF THE FINDINGS

The cause of the murmur is chronic degenerative valve disease causing severe mitral and mild tricuspid regurgitation. Marked four chamber dilation indicates the risk for spontaneous congestive heart failure is elevated. A ruptured chord is suspected, which may explain recent respiratory changes. Moderate pulmonary hypertension is noted, which is likely secondary to a combination of chronic LA pressure elevation and potentially some degree of primary airway disease in this predisposed breed. No additional issues are identified.

In light of severity of disease on echocardiogram and the reported CXR findings, the diagnosis of congestive heart failure is supported and continued lifelong cardiac supportive medications are recommended as below including BID Lasix therapy. Sildenafil



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is not clearly warranted at this time, however, should any exertional dyspnea or collapse develop in the future I would not hesitate to institute it. If the cough persists despite therapy Hydrocodone should be utilized for quality of life.

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The average survival time of canine patients with active pulmonary edema is 8-9 months on medications, however they generally are able to maintain a good quality of life for that period. Patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

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Mix

RECOMMENDATIONS

- Administer furosemide 1-2mg/kg PO q12h.
- Institute spironolactone 1-2mg/kg PO q12h.
- Administer Pimobendan 0.3mg/kg PO q12h.
- Institute ACE-I 0.5mg/kg PO q12h.
- Pending response, consider hydrocodone with homatropine 0.2-0.4mg/kg up to q4-6 hours PRN for any residual mechanical cough in the face of normal sleeping respiratory rates.
- If any exertional dyspnea/collapse develops in the future, institute Sildenafil 1-2mg/kg PO q8-12h.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.
- Monitoring of sleeping respiratory rates will be paramount to screen for congestive heart failure at home.
- Elective anesthesia is not advised.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

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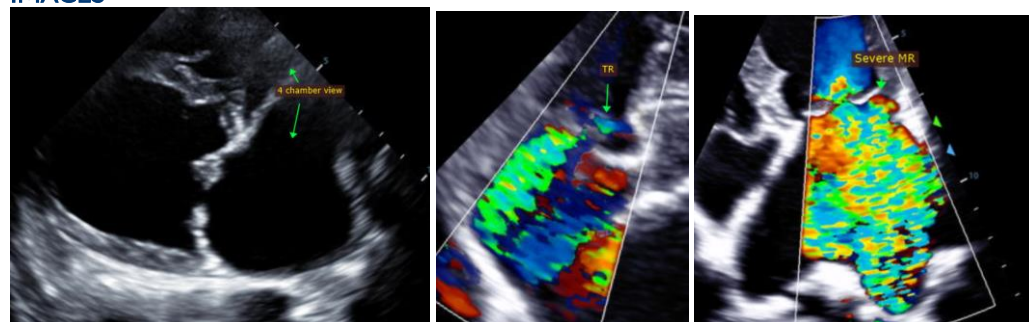
PLAN

- Monitor renal values and BP in 1-2 weeks, then 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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Pamela Harrigan,
 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.

Thank you for this referral. This report was generated using transcription software, and minor



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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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Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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

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