



PATIENT

Samson Martin

SPECIES

Canine

BREED

Cavalier

SEX

Male Neutered

AGE

9 years

WEIGHT

19.4lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Samson was noted to have a heart murmur in October 2021. Chest films done in January revealed a cardiomegaly with perihilar pulmonary edema. Samson was started on Pimobendan and Lasix with significant improvement. He is very cuddly and sleeping a bit more, but that is normal for him. His cough is greatly improved with the Lasix. Possible collapse episode earlier this month. He does have some mild exercise intolerance. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 90 mmHg x 2; 100 mmHg x 3. Current medications: 1) Pimobendan/vetmedin 2.5mg 1 tab twice a day 2) Lasix/furosemide 12.5mg 1.5 tabs twice a day 3) Gabapentin 100mg 1 capsule twice a day 4) Fortiflora *No sedation for study.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: Significant LV dilation with hyperdynamic myocardial function.

Left atrium: The left atrium is severely dilated.

Mitral valve: Diffuse thickening of mitral valve leaflets with 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. 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 thickened, with mild tricuspid regurgitation. Mildly elevated velocity consistent with mild 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 170bpm.

2-Dimensional Measurements

Ao diam (cm)	1.6
LA diam (cm)	3.9
LA:Ao (Swe)	2.4
IVS thickness (cm)	0.7
LVID diastole (cm)	4.4
PW thickness (cm)	0.7
LVID systole (cm)	2.4
FS (%)	45

Doppler Measurements

PV Vmax (m/s)	0.45
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	5.3
TR Vmax (m/s)	3.3
TR PG (mmHg)	44

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

29155

DATE

2/21/23

INTERPRETATION OF THE FINDINGS

The cause of the murmur is chronic degenerative valve disease causing severe mitral and mild tricuspid regurgitation. Severe left atrial enlargement indicates the risk for spontaneous congestive heart failure is elevated. Mild pulmonary hypertension is noted, which is likely secondary to chronic LA pressure elevation. No additional issues are identified.



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These findings would support the previous diagnosis of CHF, continued medicates are warranted lifelong. An ACE-I is not recommended due to reported hypotension.

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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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Cavalier

RECOMMENDATIONS

- Continue Lasix 1-2mg/kg PO q12h.
- Institute Spironolactone 1-2 mg/kg PO q 12h.
- Continue Pimobendan 0.25-0.3 mg/kg PO q12h.
- Do not use an ACE-I at this time.
- Cough suppression to improve QOL can also be considered (hydrocodone, 0.2-0.4mg/kg up to q4-6h PRN) for any residual mechanical cough in the face of normal sleeping respiratory rates.
- 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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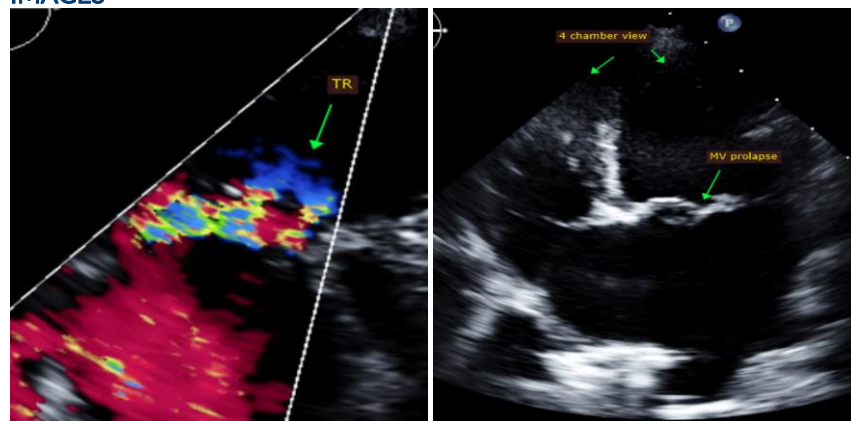
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PLAN

- 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.

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.

BREED

Cavalier

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

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