



PATIENT
Frankie Cavadini

SPECIES
Canine

BREED
Chihuahua Mix

SEX
Male Neutered

AGE
7 years

WEIGHT
12.5lbs

INTERPRETED BY
Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan,
RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
22731

DATE
2/22/22

PRESENTING CLINICAL SIGNS

History: Frankie was noted to have a heart murmur in October. ProBNP was elevated at 1393. He was seen again for collapsing episodes. Radiographs revealed mild LAE. The first collapse episode was two months ago during which time Frankie urinated and vomited and then seemed a bit out of sorts. His second episode occurred when he was very excited to see the owner returning. Occasional cough but no dyspnea or exercise intolerance. He is eating well. On auscultation: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 140mmHg x 5. No medications. *No sedation for study.

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 25mm/s, 10mm/mV. The average heart rate is 120bpm (range 107-136bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. P and QRS morphologies are positive. No ectopic beats, pauses or dysrhythmias observed. ECG diagnosis: Normal sinus rhythm with respiratory variation.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is dilated with hyperdynamic myocardial function. LV wall thicknesses are normal.
Left atrium: The left atrium is severely dilated.
Mitral valve: The mitral valve is diffusely thickened 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 right ventricular enlargement.
Right atrium: Mild RA enlargement.
Tricuspid valve: The tricuspid valve appears mildly thickened with septal prolapse and moderate tricuspid regurgitation; normal velocity.
Pulmonary 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)	2.9
LA:Ao (Swe)	2.1
IVS thickness (cm)	0.6
LVID diastole (cm)	3.6
PW thickness (cm)	0.6
LVID systole (cm)	1.6
FS (%)	55

Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	5.9
TR Vmax (m/s)	2.6
TR PG (mmHg)	27

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing severe mitral and moderate tricuspid regurgitation. Significant left atrial and ventricular enlargement indicates there is an elevated risk for spontaneous congestive heart failure. There is also a significant tricuspid



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leak and mild right heart enlargement; however, the pulmonary pressures measure normal. No additional issues are identified. The ECG is unremarkable with a normal sinus rhythm.

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Collapse in patient with this degree of disease is most likely cardiogenic in origin. Possible causes of syncope include poor forward blood flow leading to hypoxia with excitement, early CHF, pulmonary hypertension (not seen), an arrhythmia (not see), and/or blood pressure swings/vasovagal events. Given the risk for development of CHF in this patient, immediate lifelong cardiac supportive therapy is warranted as below. If the episodes persists despite medical management, further evaluation may be indicated. The ECG is unremarkable; however, this does not rule out immediate arrhythmias. That being said, this is unlikely in this particular breed. Long term prognosis is poor; however, most dogs are able to maintain a good QOL on medications for an average of 8-12 months from diagnosis of CHF.

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RECOMMENDATIONS

- Institute low-dose Lasix 1mg/kg PO q12h.
- Institute Pimobendan 0.3mg/kg PO q12h.
- Institute Spironolactone 1-2mg/kg PO q12h.
- Institute ACE-I 0.5mg/kg PO q12h.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Activity/stress limitation advised while maintaining QOL.
- Elective anesthesia is not advised.
- 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.

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PLAN

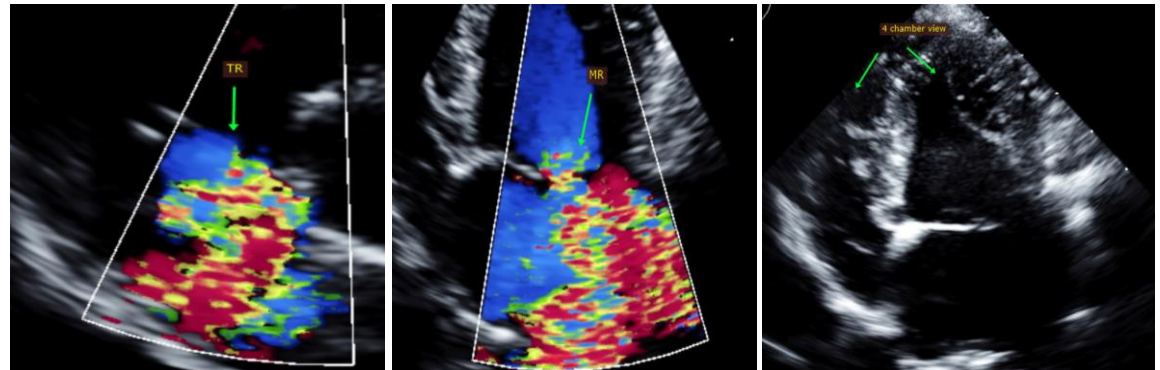
- Monitor renal values/BP in 1-2 weeks, then every 3-4 months lifelong.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

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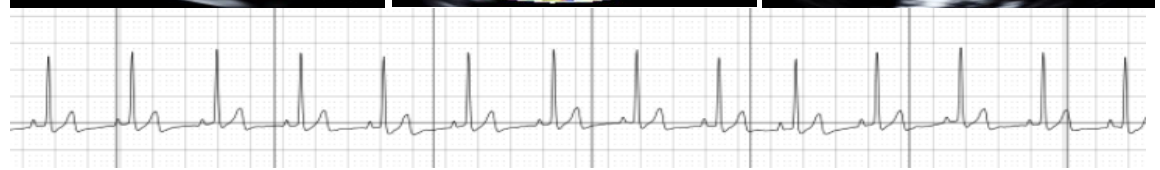
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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

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