



**PATIENT**

Chessa Medore

**SPECIES**

Canine

**BREED**

Bichon Frise

**SEX**

Female Spayed

**AGE**

12 years

**WEIGHT**

10.69lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

29175

**DATE**

2/22/23

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History chronic valvular disease - Stage C. Presently, Chessa coughs only a couple of times per week. She is eating well with some exercise intolerance noted, tires easier on walks. 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: 160 mmHg x 5. Current medications: 1) Pimobendan/vetmedin 1.25mg 1 tab twice a day 2) Lasix/furosemide 12.5mg 3/4 tab twice a day 3) DES---presently not taking since backordered 4) Enalapril 2.5mg 1 tab twice a day 5) Renal care/potassium gluconate gel 1 tsp twice a day \*No sedation for study.  
-Pertinent previous echo findings (6/15/22 MML): LA 2.8 cm; LA:Ao 2.2; LV 3.0 cm; LVE, severe LAE, severe MR, mild TR (4.5 m/s; 85 mmHg); severe pulmonary hypertension

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and Doppler imaging is available.  
**Left ventricle:** The LV diameter is increased with hyperdynamic myocardial function. Evidence of significant volume overload. LV wall thicknesses are normal.  
**Left atrium:** The left atrium is severely dilated.  
**Mitral valve:** The mitral valve is diffusely thickened with significant prolapse into the left atrial lumen. Moderate to severe eccentric mitral regurgitation with normal velocity.  
**Aortic valve/Aorta:** The aortic valve appears normal. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.  
**Right ventricle:** The right ventricle is mildly dilated with minimal hypertrophy.  
**Right atrium:** Mild RA dilation.  
**Tricuspid valve:** The tricuspid valve appears mildly thickened with mild tricuspid regurgitation; velocity consistent with mild pulmonary arterial hypertension.  
**Pulmonic valve/Pulmonary artery:** The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow. The MPA and branches are mildly dilated.  
**Pericardium/other:** No pericardial effusion noted. No pleural effusion. No obvious cardiac masses.  
**Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 160bpm.

**2-Dimensional Measurements**

Ao diam (cm)	1.3
LA diam (cm)	2.9
LA:Ao (Swe)	2.2
IVS thickness (cm)	0.6
LVID diastole (cm)	2.8
PW thickness (cm)	0.6
LVID systole (cm)	0.8
FS (%)	70

**Doppler Measurements**

PV Vmax (m/s)	0.8
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	5.3
TR Vmax (m/s)	3.2
TR PG (mmHg)	42

**INTERPRETATION OF THE FINDINGS**

Chronic degenerative valve disease persists with overall stability. Severe mitral and mild tricuspid regurgitation are unchanged with stable left heart dimensions. The TR velocity is significantly improved compared to the prior study, likely confirming the prior suspicion of an overestimation. No additional issues have developed.

Given what is seen here, full cardiac support is recommended as prescribed. Hydrocodone can be considered if the cough affects quality of life.



**PATIENT**  
Chessa Medore

The prognosis remains poor; however, it is encouraging that the patient is doing well thus far. Patient will always be at high risk for recurrent biventricular CHF, LA tear, progressive cough and/or malignant arrhythmias/sudden death in the future.

**SPECIES**  
Canine

**RECOMMENDATIONS**

- Continue Lasix, Pimobendan and Enalapril as prescribed.
- Consider Hydrocodone if needed for quality of life.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Elective anesthesia is not advised.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

**BREED**  
Bichon Frise

**SEX**

Female Spayed

**PLAN**

- Recheck renal values and BP every 3-4 months lifelong.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

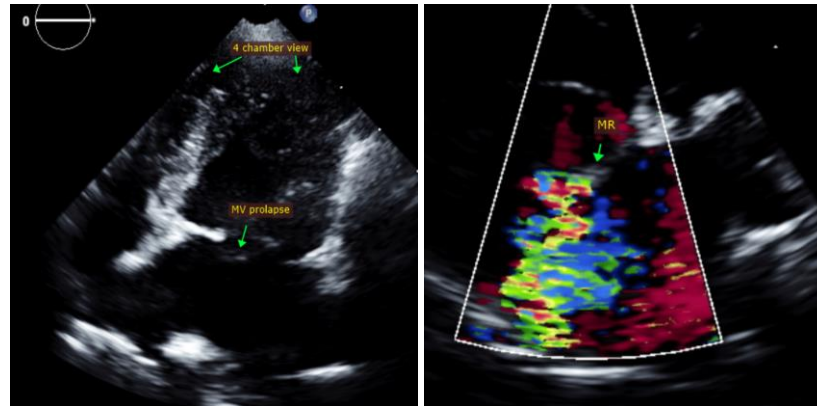
**AGE**

12 years

**IMAGES**

**WEIGHT**

10.69lbs



**INTERPRETED BY**

Maggie Machen Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

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.

**HOSPITAL NAME**

Mass Veterinary Services

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. Masloski

Maggie Machen Lamy, DVM  
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
info@sonopath.com

**INVOICE**

29175

**Echocardiogram performed by:**

Pamela Harrigan, RDCS  
Pet Animal Ultrasound Service (4paus.com)

**DATE**

2/22/23