



PATIENT

Seifer Rivera

SPECIES

Canine

BREED

Shih Tzu

SEX

Male Neutered

AGE

9 years

WEIGHT

15lbs

PRESENTING CLINICAL SIGNS

History: Grade II/VI systolic murmur; chronic cough, collapsing trachea; hypertension. BP today: 176mmHg. Medications: Hydrocodone 2.5mg BID PRN; Amlodipine 2.5mg SID. Radiographs: marked tracheal collapse. Sedated with trazadone/gabapentin.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is normal with adequate myocardial function. LV wall thicknesses are normal.

Left atrium: The left atrium is mildly dilated.

Mitral valve: The mitral valve is mildly thickened with mild prolapse into the left atrial lumen. Mild to moderate 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 tricuspid regurgitation; borderline velocity.

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 140bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.3
LA diam (cm)	1.8
LA:Ao (Swe)	1.39
IVS thickness (cm)	0.68
LVID diastole (cm)	2.64
PW thickness (cm)	0.73
LVID systole (cm)	1.4
FS (%)	47

Doppler Measurements

PV Vmax (m/s)	0.81
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	4.8
TR Vmax (m/s)	2.8
TR PG (mmHg)	32

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing mild to moderate mitral and mild tricuspid regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. Borderline pulmonary pressures are noted which may progress if the cough is poorly controlled. No additional issues are identified.

HOSPITAL NAME

Pine Banks Animal
Hospital

REFERRING VET

Dr. Emara

Patient has a known history of systemic hypertension without obvious significant secondary cardiac changes. The reported blood pressure remains mildly elevated and depending on historical readings, the dose of Amlodipine may need to be altered.

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Given these findings, the cough is unlikely to be cardiac in origin and primary respiratory causes should be considered. Consider further respiratory work up/treatment (hydrocodone, taper course of steroids, Enrofloxacin, TTW/BAL, etc.).

DATE

2/6/22



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Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).

SPECIES

Canine

RECOMMENDATIONS

- In a dog without significant left atrial enlargement, no cardiac medications are clearly indicated.
- Consider further assessment/treatment of SHT as discussed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

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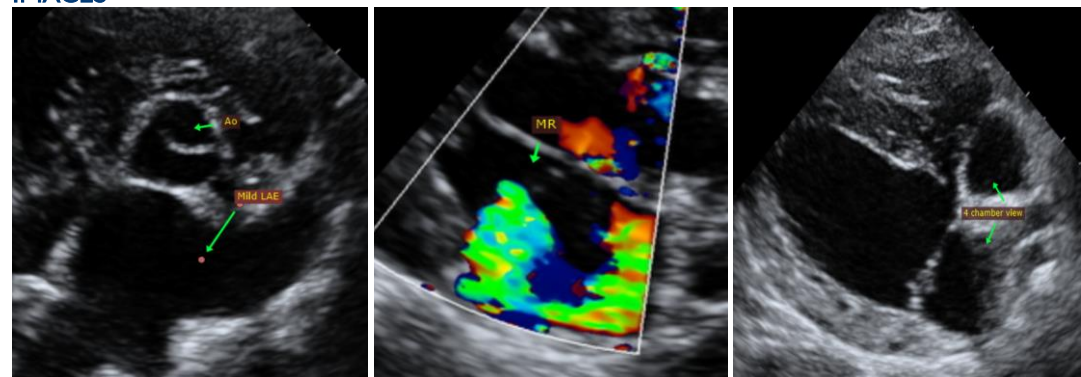
PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

INTERPRETED BY

Maggie Machen Lamy, DVM
 DACVIM (Cardiology)

IMAGES



IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Pine Banks Animal Hospital

REFERRING VET

Dr. Emara

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 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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DATE

2/6/22

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