



PATIENT PRESENTING CLINICAL SIGNS

Blu Drew
 History: Recheck echo.
 -Current medications: Sildenafil 15mg q12h.
 -Pertinent previous echo findings (1/2022 EDR): Mild MR, moderate TR: 3.5m/s. RAH. Suspect primary airway disease.

SPECIES

Canine

BREED

Chihuahua

SEX

Male Neutered

AGE

12 years

WEIGHT

15lbs

INTERPRETED BY

Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Summit Dog and Cat
 Hospital

REFERRING VET

NP

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets (anterior>posterior) with no prolapse into the left atrial lumen. Mild eccentric mitral regurgitation with no left atrial dilatation. Normal LV diameter with adequate myocardial function. The tricuspid valve appears mildly thickened with significant septal prolapse and moderate tricuspid regurgitation. Velocity indicative of moderate pulmonary hypertension. Mild right heart enlargement. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities. No aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. No cardiac tumors observed.

CARDIAC CHART

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	NM	3.5	1.0	1.3	43	77	0.35
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LA 2D short axis Base view (cm)	LVIDd Avg: 2D and m-mode short axis (cm)	LVIDs Avg: 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
PATIENT	142	1.1	0.9	6.8	1.5	1.9	1.1
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
BODY WEIGHT DEPENDENT PARAMETERS				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>				10	1.50 (3.8)	3.27 (3.5)	2.06 (3.1)
				15	1.83 (2.0)	3.71 (2.4)	2.43 (2.1)
				20	2.02 (1.9)	4.14 (2.2)	2.80 (2.0)
				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
				40	2.62 (5.2)	5.48 (6.1)	3.96 (5.4)
				50	2.88 (7.1)	6.07 (8.3)	4.46 (7.4)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease persists with evidence of stability. Mild mitral and moderate tricuspid regurgitation are similar to what is described previously with unchanged pulmonary hypertension. The right heart remains mildly enlarged, which also appears stable. No additional issues are identified.

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Given these findings, continue Sildenafil going forward. No obvious indication for additional medications at this time. A cough was noted on the previous report with suspicion for lower



PATIENT

Blu Drew

airway disease. No symptoms are mentioned; however, should a cough develop, this should be treated as a primary respiratory issue. Signs of progressive PAH, include exertional dyspnea or collapse and this must be differentiated going forward.

SPECIES

Canine

Omega fatty acid supplementation and mild salt restriction may also be of some long-term benefit. Monitor for development of a progressive cough, labored breathing, exercise intolerance or collapse episodes.

BREED

Chihuahua

Anesthetic risk is considered mildly elevated. Cardiac protective drug choices (opioid/benzodiazepine premedication, Propofol or alfaxalone induction, iso or sevo gas) are recommended. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene, as necessary. Judicious IV fluid rates are recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

SEX

Male Neutered

PLAN

Continue Sildenafil as prescribed. If any respiratory develop, consider Hydrocodone, etc. Monitor for exertional syncope or collapse.

AGE

12 years

Recommend monitor for progression with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

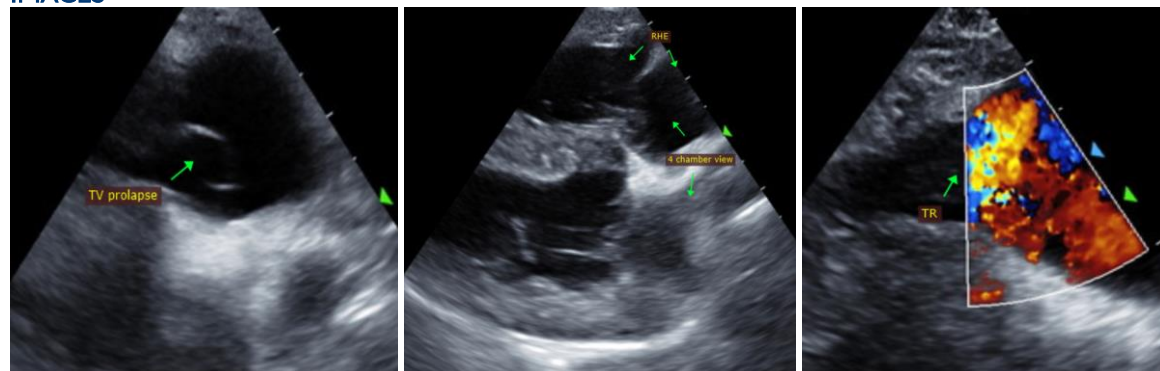
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

REFERRING VET

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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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