

PATIENT

Santino Santaniello

SPECIES

Canine

BREED

Maltese

SEX

Male Neutered

AGE

12 years

WEIGHT

10.3lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

22422

DATE

2/8/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Currently, some minimal coughing noted. On auscultation, NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear, no cough with tracheal palpation. BP: 130-140mmHg.

-Current medications: 1) Pimobendan 1.25mg 1 tab twice a day 2) Glucosamine 1 capsule daily 3) Hycodan 5mg 1/4 tab three times a day 4) Multivitamin 1/2 tab daily 5) Snip tips every other day *No sedation.

-Pertinent previous echo findings (8/24/21 MML): LA 2.0 cm; LA:Ao 1.5; LV 2.5 cm; mild-moderate LAE; moderate-severe MR; trace TR (2.0 m/s).

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is mildly increased with hyperdynamic myocardial function. LV wall thicknesses are normal.

Left atrium: The left atrium is mild to moderately dilated.

Mitral valve: The mitral valve is diffusely thickened with significant prolapse into the left atrial lumen. Flail leaflets suspected. Moderate to 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: Normal right ventricular diameter and morphology.

Right atrium: Normal RA dimension.

Tricuspid valve: The tricuspid valve appears normal with trace 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.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 160bpm.

2-Dimensional Measurements

Ao diam (cm)	1.2
LA diam (cm)	2.0
LA:Ao (Swe)	1.7
IVS thickness (cm)	0.64
LVID diastole (cm)	2.2
PW thickness (cm)	0.65
LVID systole (cm)	1.1
FS (%)	50

Doppler Measurements

PV Vmax (m/s)	1.1
AoV Vmax (m/s)	1.5
MR Vmax (m/s)	6.5
TR Vmax (m/s)	2.7
TR PG (mmHg)	29

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists without significant progression. A flail leaflet is suspected, which was not noted prior; however, in the absence of any syncope or recurrent clinical signs this is likely of little clinical concern at this time. The overall left heart dimensions are stable, and no concurrent issues have developed.

Given these findings, no additional medications are indicated. Continued Pimobendan and Hydrocodone are recommended as below. Prognosis remains guarded with risk for progression to congestive heart failure and associated clinical signs in the future.



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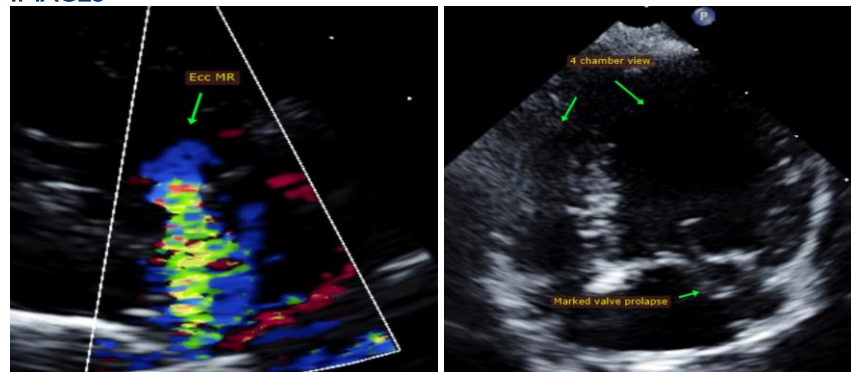
RECOMMENDATIONS

- Continue Pimobendan and Hydrocodone as prescribed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is considered moderately elevated 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.

PLAN

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

IMAGES



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.

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