



PATIENT

Lulu MacMajor

SPECIES

Canine

BREED

Terrier Mix

SEX

Female Spayed

AGE

9 years

WEIGHT

15.44lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

22472

DATE

2/9/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. Presented in November for an ongoing cough and episode of dyspnea. The radiographs revealed cardiomegaly, collapsing trachea and diffuse broncho-interstitial pattern. Started on Pimobendan and Lasix. Her cough had improved but then became worse at which time the Lasix dose was increased. Echocardiogram revealed degenerative valve disease - ACVIM C, severe pulmonary hypertension, with left-sided CHF historical (Sept. 2021). Recommendation for repeat renal panel and echocardiogram in 3-4 months. Current presentation: increased coughing/gagging the past few weeks. RR has remained normal. She is eating well with normal activity. On auscultation: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 100mmHg x 5.
-Current medications: 1) Pimobendan/vetmedin 1.25mg 1 tab twice a day 2) Lasix/furosemide 12.5mg 1 1/4 tab twice a day 3) Enalapril 2.5mg 1/2 tab twice a day 4) Spironolactone 25 mg, 1/2 t q12h 5) Sildenafil 20 mg, 1/2 t q12h *No sedation for study.
-Pertinent previous echo findings (11/24/21 CardiacVet, Carely Sealing, VMD, DACVIM): LA 3.49 cm; LA:Ao 3.14; LV 3.51 cm; severe LAE/LVE; severe MR; moderate TR (4.48 m/s. 80 mmHg); severe pHTN, no effusions.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is significantly increased with hyperdynamic function. LV wall thicknesses are normal.
Left atrium: The left atrium is markedly dilated.
Mitral valve: The mitral valve is marked thickened with prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with a normal velocity.
Aortic valve/Aorta: The aortic valve appears thickened with borderline increased outflow velocity; laminar flow. No aortic insufficiency.
Right ventricle: Mildly enlarged right ventricular diameter and morphology .
Right atrium: Mildly enlarged RA.
Tricuspid valve: The tricuspid valve appears thickened with mild to moderate tricuspid regurgitation; velocity consistent with moderate pulmonary hypertension.
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.
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2-Dimensional Measurements

Ao diam (cm)	1.2
LA diam (cm)	3.2
LA:Ao (Swe)	2.7
IVS thickness (cm)	0.60
LVID diastole (cm)	3.5
PW thickness (cm)	0.63
LVID systole (cm)	1.72
FS (%)	51

Doppler Measurements

PV Vmax (m/s)	0.9
AoV Vmax (m/s)	1.7
MR Vmax (m/s)	5.2
TR Vmax (m/s)	3.5
TR PG (mmHg)	50

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists without significant progression. The degree of disease is severe; however, the left heart dimensions are similar to the previous study. Pulmonary pressures are mildly improved, and no additional issues are identified.



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Given that this patient is reportedly doing reasonably well at home, no changes to the medications are indicated at this time. A cough is not surprising given the severity of these findings and Hydrocodone can be utilized if needed for quality of life. Unfortunately, prognosis is poor; however, it is encouraging that the patient remains stable thus far.

SPECIES
Canine

The patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

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Terrier Mix

RECOMMENDATIONS

- Continue all medications as previously prescribed.
- Consider Hydrocodone if needed for quality of life.
- Close monitoring for development of associated clinical signs (development of a cough, labored breathing, exercise intolerance or worsening collapse episodes) is recommended. Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF at home.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Mild activity restriction is advised.
- Elective anesthesia is not advised.

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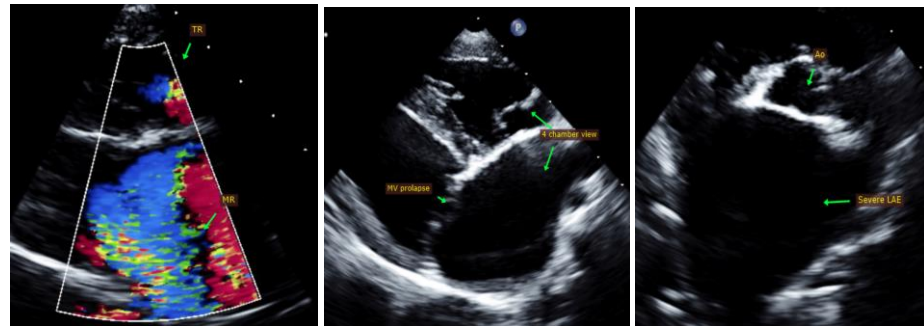
PLAN

- A renal panel and BP are recommended 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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DACVIM (Cardiology)

IMAGES



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Services

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

Dr. Masloski

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.

INVOICE
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DATE
2/9/22

Echocardiogram performed by:

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Pet Animal Ultrasound Service (4paus.com)