



PATIENT

Ava St. Germain

SPECIES

Canine

BREED

Chihuahua

SEX

Female Spayed

AGE

8 years

WEIGHT

4.06lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

29311

DATE

3/1/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - advanced. Presently, Ava is eating but has become finicky. Some labored breathing at rest, but no coughing. Activity level has decreased. No collapse type episodes. Chest films done in mid-February for dyspnea - no signs of congestive heart failure. Pimobendan was increased at that time. On exam today: NSR, grade IV/VI murmur with PMI left apical area radiating to right, lung fields clear, mm pink, moist, CRT<2. BP: 90-100mmHg. Current medications: 1) Pimobendan/vetmedin 1.25mg 1/2 tab twice a day 2) Torsemide 5mg 1/4 tab once a day 3) Spironolactone 12.5mg 1/4 tab twice a day 4) Diphenoxylate with atropine 2.5mg *No sedation for study.
-Pertinent previous echo findings (8/24/22 MML): LA 2.7 cm; LA:Ao 2.7; LV 3.0 cm; severe LAE, severe MR; mild TR (3.2 m/s; 40 mmHg), mild pulmonary hypertension.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: Moderate LV dilation with hyperdynamic function. LV wall thicknesses are normal.

Left atrium: The left atrium is markedly enlarged and bulbous in appearance.

Mitral valve: Diffuse thickening of mitral valve leaflets (anterior> posterior) with prolapse into the left atrial lumen. Severe mitral regurgitation. Normal velocity.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. No AI. Normal LVOT velocity.

Right ventricle: Normal RV dimension. No obvious RVH.

Right atrium: Mild atrial dilation.

Tricuspid valve: The tricuspid valve appears thickened with minimal septal prolapse. Mild tricuspid regurgitation visualized. Velocity consistent with moderate pulmonary hypertension.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal with normal pulmonic outflow velocity. No pulmonic insufficiency.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 200bpm.

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	3.0
LA:Ao (Swe)	3.0
IVS thickness (cm)	0.5
LVID diastole (cm)	3.0
PW thickness (cm)	0.5
LVID systole (cm)	1.1
FS (%)	63

Doppler Measurements

PV Vmax (m/s)	0.76
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	5.4
TR Vmax (m/s)	3.9
TR PG (mmHg)	60

INTERPRETATION OF THE FINDINGS

Compared to prior study, there is slight evidence of progression. The LA is now markedly enlarged with a stable LV dimension. Additionally, the pulmonary pressures continue to raise and fall in the moderate category. No obvious additional issues are identified.

Given these findings, it is certainly reasonable to continue full cardiac support as prescribed. Given that recent chest films do not show CHF, this is unlikely to be the cause of persistently breathing issues. As an alternative recommend Sildenafil given progressive pulmonary hypertension. No additional changes are warranted at this time.



PATIENT
Ava St. Germain

It is important to note, this is considered end-stage disease and the patient is at extremely high risk for decompensation and sudden death. Our goal is to maintain quality of life for the short-term; however, should this suffer euthanasia should be considered.

SPECIES
Canine

RECOMMENDATIONS

- Continue Pimobendan, Torsemide, Spironolactone as previously prescribed.
- Institute Sildenafil 1-2mg/kg PO q8h.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.
- Monitoring of sleeping respiratory rates will be paramount to screen for congestive heart failure at home.
- Elective anesthesia is not advised.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

BREED
Chihuahua

SEX
Female Spayed

AGE
8 years

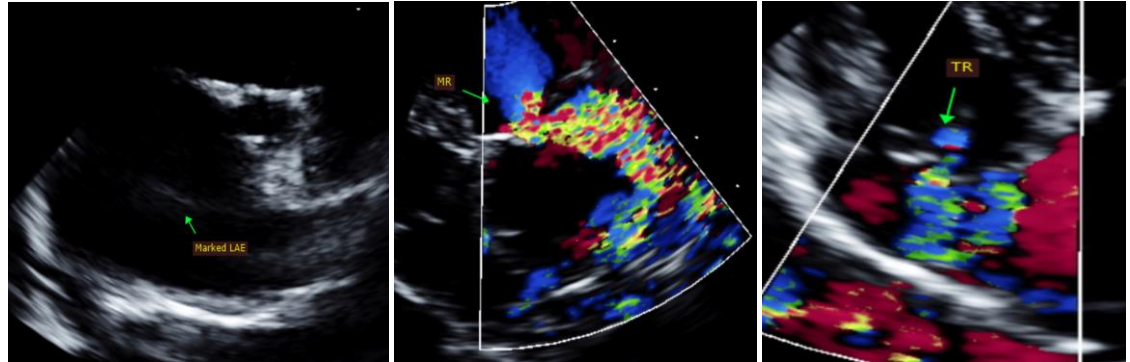
PLAN

- Monitor 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.

WEIGHT
4.06lbs

IMAGES

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
29311

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

DATE
3/1/23