



PATIENT

Michelle Gawron

SPECIES

Canine

BREED

Chihuahua

SEX

Female Spayed

AGE

14 years

WEIGHT

12.31lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

29301

DATE

3/1/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History pulmonary hypertension with oxygen dependent episodes. Presently, Michelle continues to cough. Her appetite is good at this time. Michelle had chest films done in August -no signs of pulmonary edema was noted. Her sildenafil was increased with a noted decrease in her cough. On exam: NSR, grade IV/VI murmur with PMI right lateral thorax, PSS, inspiratory crackles noted on right, some abdominal effort to respirations, mm pink, moist, CRT<2. BP: 110mmHg x 3. Current medications: 1) Sildenafil 20mg 3/4 tab three times a day 2) Pimobendan/vetmedin 3.75mg 1/2 tab twice a day 3) Hydrocodone with atropine/hycodan 5mg 1 tab three times a day *No sedation for study. -Pertinent previous echo findings (7/19/22 MML): LA 1.9 cm; LA:Ao 1.2; LV 2.0 cm; severe RVE/RAE; mild RVH. severe TR (3.5 m/s; 50 mmHg); moderate pulmonary hypertension

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 normal. **Mitral valve:** The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Mild eccentric mitral regurgitation. Normal velocity. **Aortic valve/Aorta:** The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Trace aortic insufficiency. **Right ventricle:** Severe RV dilation. Mild RV hypertrophy. **Right atrium:** Severe RA dilation. **Tricuspid valve:** The tricuspid valve appears mildly thickened with no prolapse. Moderate tricuspid regurgitation. Velocity consistent with moderate pulmonary hypertension. **Pulmonic valve/Pulmonary artery:** The pulmonic valve is normal in morphology and mobility. Trivial pulmonic insufficiency. Normal RVOT velocity; laminar flow. Moderate MPA and branch dilation. **Pericardium/other:** No pericardial or pleural effusion noted. No obvious cardiac masses. **Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 150bpm with premature beats.

2-Dimensional Measurements

Ao diam (cm)	1.6
LA diam (cm)	1.8
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.5
LVID diastole (cm)	2.0
PW thickness (cm)	0.5
LVID systole (cm)	0.8
FS (%)	60

Doppler Measurements

PV Vmax (m/s)	0.9
AoV Vmax (m/s)	1.5
MR Vmax (m/s)	6.1
TR Vmax (m/s)	3.6
TR PG (mmHg)	51

INTERPRETATION OF THE FINDINGS

Compared to the prior study, findings are similar. The right heart is severely enlarged with unchanged pulmonary pressures. The left heart disease remains mild without chamber enlargement. No additional issues are identified.

Given these findings, the patient appears stable and no obvious indication for additional medications at this time. It is unusual for Sildenafil specifically to improve the cough;



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however, continuing it at the increased dose is reasonable. Consider increase Hydrocodone, a course of Baytril, etc. as dictated by the clinical picture in the future.

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Prognosis remains guarded long-term; however, it is encouraging that the patient has done well thus far.

BREED
Chihuahua

RECOMMENDATIONS

- Continue Pimobendan, Sildenafil and Hydrocodone as prescribed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Elective anesthesia is not advised at this time.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

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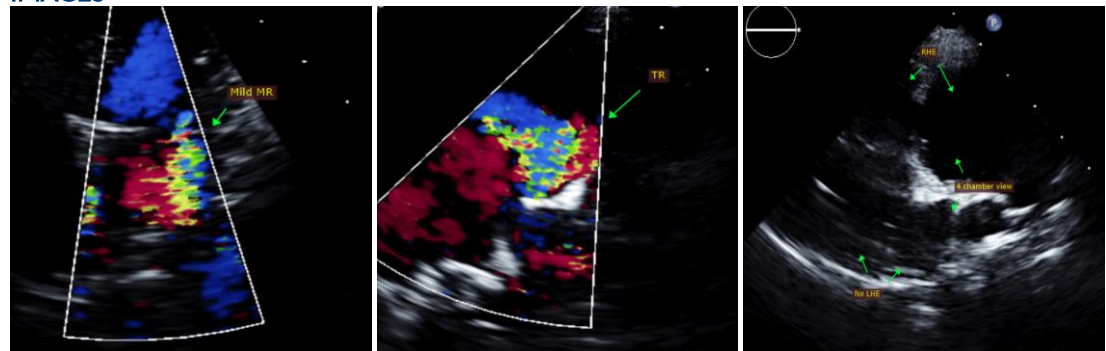
PLAN

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

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IMAGES

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Lamy, DVM
DACVIM (Cardiology)

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.

IMAGING PERFORMED BY
Pamela Harrigan,
RDCS

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.

HOSPITAL NAME
Mass Veterinary Services

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

REFERRING VET
Dr. Masloski

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

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