



PATIENT

Bruschi Rondeau

SPECIES

Canine

BREED

Chihuahua

SEX

Male Neutered

AGE

11 years

WEIGHT

13.4lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDMS

HOSPITAL NAME

Wignall Animal
Hospital

REFERRING VET

Dr. DeMarco

INVOICE

23030

DATE

3/10/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B1. Currently doing well; no cough, labored breathing or exercise intolerance. BP: 140-150mmHg.

-Pertinent previous echo findings (7/15/21 MML): LA 2.8 cm; LA:Ao 1.5; LV 2.68 cm; mild LAE; mild-moderate MR; mild TR (3.2 m/s; 40 mmHg); early PAH.

ECHOCARDIOGRAM FINDINGS

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

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

Left atrium: The left atrium is moderately dilated.

Mitral valve: The mitral valve is diffusely thickened with significant prolapse into the left atrial lumen. Moderate to severe eccentric mitral regurgitation with an elevated 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 indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: Normal RA dimension.

Tricuspid valve: The tricuspid valve appears mildly thickened with moderate tricuspid regurgitation. Velocity consistent with mild 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.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 140bpm.

2-Dimensional Measurements

Ao diam (cm)	1.3
LA diam (cm)	2.3
LA:Ao (Swe)	1.77
IVS thickness (cm)	0.7
LVID diastole (cm)	3.0
PW thickness (cm)	0.7
LVID systole (cm)	1.0
FS (%)	66

Doppler Measurements

PV Vmax (m/s)	0.9
AoV Vmax (m/s)	1.8
MR Vmax (m/s)	6.3
TR Vmax (m/s)	3.2
TR PG (mmHg)	40

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with evidence of progression. Moderate to severe mitral and moderate tricuspid regurgitation are progressed and moderate left atrial enlargement is documented. Pulmonary pressures are similar to the previous study and no additional issues are identified.

Given progression, Pimobendan is recommended as below. Assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).



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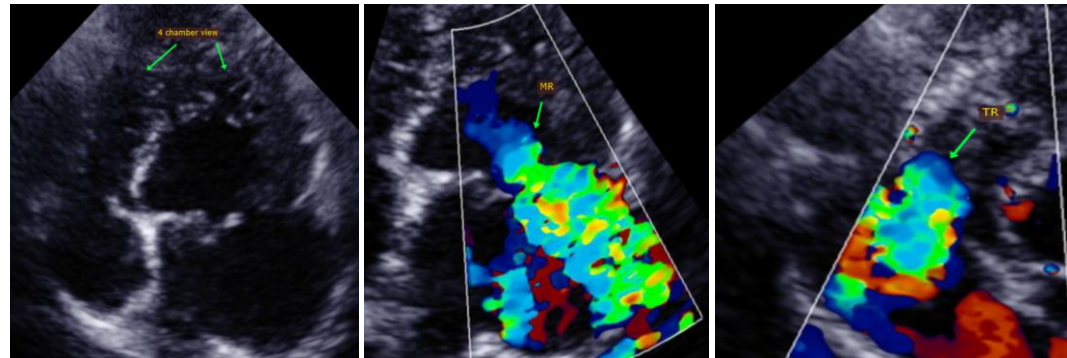
RECOMMENDATIONS

- Institute heart muscle support Pimobendan 0.3mg/kg PO q12h.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Once on Pimobendan for 3-5 days, anesthetic risk is considered mild 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.

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