



PATIENT

Ella Tardif

SPECIES

Canine

BREED

Pomeranian

SEX

Female Spayed

AGE

11.5 years

WEIGHT

9.7lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

B. Barnes, DVM

HOSPITAL NAME

Westview Veterinary
Hospital

REFERRING VET

Dr. Barnes

INVOICE

29616

DATE

3/15/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. Doing well. History of ascites and a chronic cough. Grade 3/6 heart murmur.
-Current treatment: Furosemide 20 mg x 1/2 tablet BID or as directed, Spironolactone 25 mg x 1/4 tablet BID or as directed, Fortekor 5 mg x 1/2 BID or as directed, Vetmedin 1.25 mg BID on an empty stomach, Sildenafil 10 mg 1 capsule BID or as directed.
-Pertinent previous echo findings (9/2022 MML): Mild to moderate MR, mild LAE, no LVE, severe TR, moderate RHE, moderate to severe PAH. TR: 3.9, LA: 18, LV: 1.9.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets with no obvious prolapse into the left atrial lumen. Mild to moderate mitral regurgitation with mild left atrial enlargement. Normal LV diameter with adequate myocardial function. The tricuspid valve appears significantly thickened with septal prolapse and severe tricuspid regurgitation. Moderate right atrial enlargement; moderate right ventricular dilation and hypertrophy consistent with significant pulmonary arterial hypertension. TR velocity supports moderate to severe PAH. Subtle systolic flattening of the IVS consistent with pressure overload. The pulmonic and aortic valves are normal in morphology and mobility. Mild pulmonic insufficiency. MPA and branch dilation. Normal pulmonic and aortic outflow velocities. No pericardial or pleural effusion noted. No cardiac tumors observed.

CARDIAC CHART

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	4.6	4.7	1.4	1.4	65	94	NM
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LA 2D short axis Base view (cm)	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
PATIENT	NM	1.1	0.8	4.4	1.7	1.9	0.7
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
BODY WEIGHT DEPENDENT PARAMETERS				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>				10	1.50 (3.8)	3.27 (3.5)	2.06 (3.1)
				15	1.83 (2.0)	3.71 (2.4)	2.43 (2.1)
				20	2.02 (1.9)	4.14 (2.2)	2.80 (2.0)
				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
				40	2.62 (5.2)	5.48 (6.1)	3.96 (5.4)
				50	2.88 (7.1)	6.07 (8.3)	4.46 (7.4)

Adapted from June Boon, Veterinary Echocardiography, 1998
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435
Hansson et al, Vet Rad and Ultrasound 2002
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Compared to the prior study, findings are similar. The pulmonary pressures do appear severely elevated with moderate suspected on the prior exam. That being said, the TR quantity and right heart enlargement is similar suggesting the prior evaluation may have been an underestimation. The left heart disease remains mild, and no additional issues are identified.

Given these findings and a patient that is reportedly doing well, reasonable to continue cardiac medications as prescribed. Sildenafil can always be increased to q8h dosing; however, if the patient is doing well this is likely unnecessary. Ancillary therapy for the cough should be considered if the symptom is being significant. No additional medications are warranted.

Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Monitor for development of a labored breathing, exercise intolerance or collapse episodes.

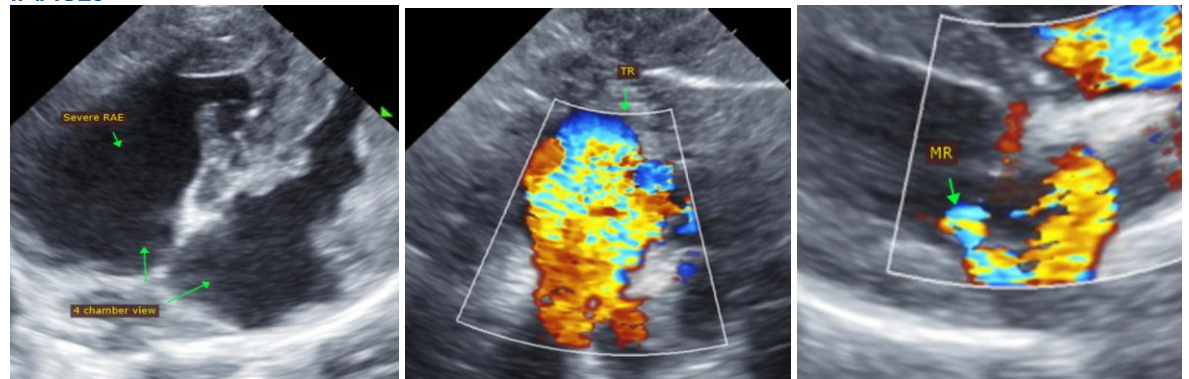
PLAN

Continue medications as previously recommended. If exertional dyspnea or collapse, increase Sildenafil to q8h dosing.

Recommend renal panel and BP every 3-4 months lifelong on diuretics.

Recommend recheck echocardiogram in 6 months to reassess structure and function, sooner if any recurrent 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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