



PATIENT

Mookie Spitz

SPECIES

Canine

BREED

Japanese Chin

SEX

Male Intact

AGE

14 years

WEIGHT

17.5lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage C. Presently, Mookie has been occasionally coughing in the evening. The owner has been giving enalapril at night to dampen the cough. He is otherwise doing well with a good appetite and normal activity level. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 100-110mmHg. Current medications: 1) Pimobendan/vetmedin 2.5mg 1 tab twice a day 2) Lasix/furosemide 20mg 1/2 tab three times a day 3) Diltiazem 30mg 1/4 tab three times a day 4) Spironolactone 25mg 1/2 tab twice a day 5) Enalapril 2.5mg 1 tab in evening when coughs 6) Renakare twice a day---only getting daily *Sedated with propofol for study.

-Pertinent previous echo findings (6/14/22 MML): LA 3.4 cm; LA:Ao 2.3; LV 2.8 cm, mild LVE, severe LAE, severe MR, moderate TR (3.6 m/s; 52 mmHg), moderate pulmonary hypertension.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: Moderate LV dilation with hyperdynamic myocardial function.

Left atrium: The left atrium is severely dilated.

Mitral valve: Diffuse thickening of mitral valve leaflets with prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with a normal velocity.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency. Adjacent to the aorta a soft tissue mass is appreciated. The mass is well encapsulated and near the heart base. Max diameter is 2.8 x 1.7cm.

Right ventricle: Mild RV dilation.

Right atrium: Mild right atrial dilation.

Tricuspid valve: The tricuspid valve appears thickened, with moderate tricuspid regurgitation. Velocity consistent with mild pulmonary hypertension.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. The MPA appears mildly dilated. Normal pulmonic outflow velocities with laminar flow. No PI.

Pericardium/other: No pericardial or pleural effusion noted.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 130bpm.

2-Dimensional Measurements

Ao diam (cm)	1.5
LA diam (cm)	3.9
LA:Ao (Swe)	2.6
IVS thickness (cm)	0.7
LVID diastole (cm)	3.1
PW thickness (cm)	0.7
LVID systole (cm)	1.2
FS (%)	61

Doppler Measurements

PV Vmax (m/s)	0.55
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	5.0
TR Vmax (m/s)	3.2
TR PG (mmHg)	41

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with overall stability. Severe mitral and moderate tricuspid regurgitation are similar to previous with slight progression in left heart dimensions. The pulmonary pressures have actually improved slightly, and the right heart is stable. What is unexpected is a heart base tumor is apparent in this image set. Given the timeframe, this may have been small and easily overlooked previously, or may

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be a novel finding. Regardless, what is seen here is likely of little clinical consequence in light of the severity of structural disease. Should the mass continue to grow and impinge on peripheral vasculature within the patient's lifespan, further congestive issues may arise.

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Given these findings, continuing cardiac medications is recommended lifelong with a dose decrease in ACEI due to BP. No obvious additional medications are warranted. Diltiazem was initiated since the prior study without explanation and comment can be made at this time. If the patient experiences nocturnal coughing, **consider Hydrocodone as an alternative to Enalapril.**

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The average survival time of canine patients with active pulmonary edema is <6 months on medications, however they generally are able to maintain a good quality of life for that period. 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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RECOMMENDATIONS

- Continue Lasix, Spironolactone, Pimobendan as prescribed.
- Decrease Enalapril to SID dosing due to relative hypotension.
- Consider Hydrocodone for quality of life.
- If indicated, continue Diltiazem.
- 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.

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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.

IMAGING PERFORMED BY
Pamela Harrigan,
RDCS

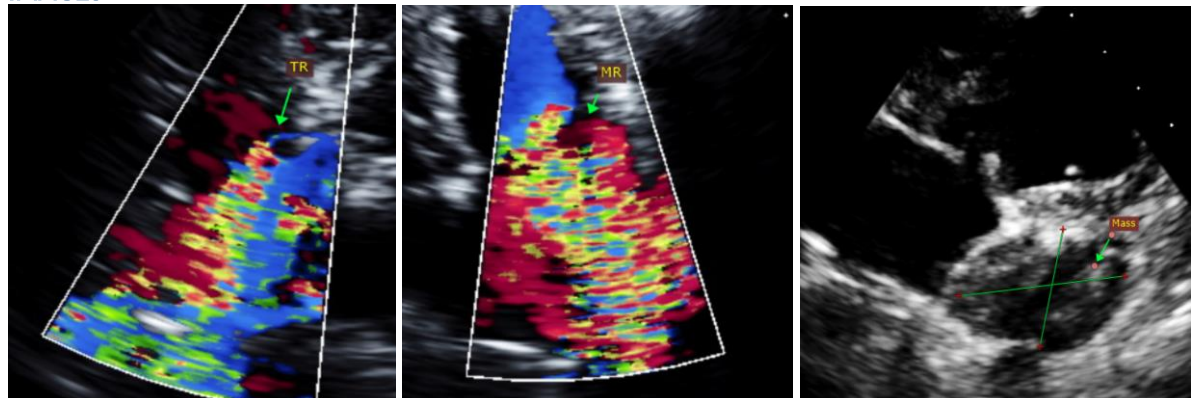
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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

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