



PATIENT

Darla Murphy

SPECIES

Canine

BREED

Havanese

SEX

Female Spayed

AGE

9 years

WEIGHT

19.8lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Compassionate Care
Veterinary Clinic

REFERRING VET

Dr. Farrington

INVOICE

29831

DATE

3/24/23

PRESENTING CLINICAL SIGNS

History: Presented for increased coughing and decreased activity. Normal appetite, no v/d or pu/pd. The owner describes the cough as "croupy", worse in the morning and after exercise. Grade IV/VI heart murmur with harsh dorsal lung sounds. No tracheal cough. Radiographs show significant heart base enlargement vs. heart base tumor. Grade III/VI heart murmur. BP: 173, 175, 179mmHg (stressed).

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: Significant LV dilation with adequate function. LV wall thicknesses are normal.

Left atrium: The left atrium is markedly enlarged.

Mitral valve: Diffuse thickening of mitral valve leaflets (anterior > posterior) with no prolapse into the left atrial lumen. Marked mitral regurgitation with a normal velocity.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow.

Right ventricle: Mild RV dilation.

Right atrium: Mild right atrial dilation.

Tricuspid valve: The tricuspid valve appears mildly thickened, with mild tricuspid regurgitation. Mildly elevated velocity consistent with mild pulmonary hypertension.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal with normal pulmonic outflow velocity. The aortic valves is diffusely thickened with normal 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 150bpm.

2-Dimensional Measurements

Ao diam (cm)	1.5
LA diam (cm)	3.6
LA:Ao (Swe)	2.4
IVS thickness (cm)	0.6
LVID diastole (cm)	4.4
PW thickness (cm)	0.6
LVID systole (cm)	2.4
FS (%)	46

Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	4.8
TR Vmax (m/s)	2.9
TR PG (mmHg)	35

INTERPRETATION OF THE FINDINGS

The cause of the murmur is chronic degenerative valve disease causing marked mitral and mild tricuspid regurgitation. Marked left atrial enlargement indicates the risk for spontaneous congestive heart failure is elevated. Mild TR is also noted, with evidence of mild pulmonary hypertension and mild right heart dilation. No additional issues such as systolic dysfunction is identified.

The described cough is likely multi-factorial in origin, given the described nature of the symptom (acute on chronic) and breed predisposition. Hydrocodone can be used if needed for quality of life. Additionally, the description and severity may suggest an infectious or inflammatory ideology. Baytril or similar is recommended to cover all bases. Careful discussion with the owner on monitoring of breathing rates is the best way to



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determine a mechanical cough from recurrent CHF in the future is advised. Regardless, full lifelong cardiac support is also recommended given the severity of disease and high risk for decompensation.

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The average survival of canine patients once Lasix becomes necessary is 8-9 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. Monitoring of renal values is recommended lifelong.

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- Consider course of Baytril or similar pulmonary antibiotic.

- Institute Spironolactone, 1-2mg/kg PO q12h.

- Institute an ACE-Inhibitor 0.5mg/kg PO q12h.

- Institute Pimobendan 0.3mg/kg PO q12h.

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- Institute Lasix/furosemide 1-2 mg/kg PO q12h.

- Utilize Hydrocodone if needed, 0.2 - 0.4 mg/kg PO up to q4-6 hours PRN for cough (available in 5/1.5mg tablets or 5mg/5ml solution). Start with q6 hours and wean to lowest effective dosage.

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- Elective anesthesia is not advised.

- Monitor for development of a cough, collapse episodes, significant lethargy in the future.

- Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF in the future.

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PLAN

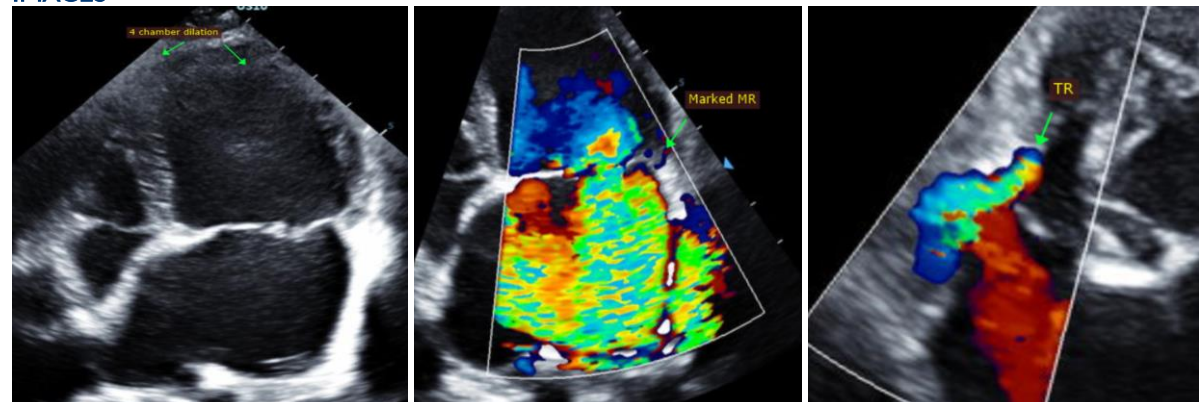
- Monitor renal values and BP in 1-2 weeks and then every 3-4 months on medications.

- A recheck echocardiogram is recommended in 6 months to screen for progression, sooner if clinical signs arise/persist.

IMAGING PERFORMED BY

Pamela Harrigan,
 RDCS

IMAGES



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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.

BREED

Havanese

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
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Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)

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