



PATIENT

Dorothy Kocot

SPECIES

Canine

BREED

Terrier Mix

SEX

Female Spayed

AGE

6 years

WEIGHT

11.56lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

29915

DATE

3/29/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage late B2. Presently, Dorothy is doing well at home; no coughing, no labored breathing. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right with grade II/VI murmur noted on right, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 190-200mmHg (very nervous). Current medications: 1) Pimobendan/vetmedin 0.9375mg 1 capsule twice a day 2) Enalapril 2.5mg 1 tab twice a day 3) Spironolactone 25mg 1/4 tab twice a day 4) Hydrocodone with homatropine/hycodan 5mg 1/4 tab daily *No sedation for study. -Pertinent previous echo findings (2/9/22 MML): LA 2.4 cm; LA:Ao 2.0; LV 3.1 cm; mild LVE, moderate-severe LAE, severe MR, mild TR (2.8 m/s; 31 mmHg)

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available. **Left ventricle:** The LV diameter is mildly increased 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 prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with a normal velocity. **Aortic valve/Aorta:** The aortic valve appears thickened with borderline increased outflow velocity; laminar flow. No aortic insufficiency. **Right ventricle:** Normal right ventricular diameter and morphology. **Right atrium:** Normal RA dimension. **Tricuspid valve:** The tricuspid valve appears mildly thickened with mild tricuspid regurgitation. Normal velocity. **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 120bpm.

2-Dimensional Measurements

Ao diam (cm)	1.3
LA diam (cm)	2.2
LA:Ao (Swe)	1.7
IVS thickness (cm)	0.7
LVID diastole (cm)	2.8
PW thickness (cm)	0.6
LVID systole (cm)	1.4
FS (%)	14

Doppler Measurements

PV Vmax (m/s)	1.0
AoV Vmax (m/s)	1.5
MR Vmax (m/s)	6.6
TR Vmax (m/s)	2.7
TR PG (mmHg)	30

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with continued stability. Compared to the prior study, the left heart dimensions have actually improved slightly, and pulmonary hypertension is no longer noted. No additional issues are identified.

Given these findings, all medications is previously recommended. If the patient maintains stability/improvement going forward, we may be able to wean as able. Regardless, patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.



PATIENT
Dorothy Kocot

Continued assessment of progression in the future will help predict long term outcome, however prognosis remains guarded at this stage (late B2).

SPECIES
Canine

RECOMMENDATIONS

- Continue Pimobendan, ACE-I and Spironolactone as prescribed.
- Close monitoring for development of associated clinical signs (development of a cough, labored breathing, exercise intolerance or worsening collapse episodes) is recommended. Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF at home.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Mild activity restriction is advised.
- Elective anesthesia is not advised.

BREED
Terrier Mix

SEX

Female Spayed

PLAN

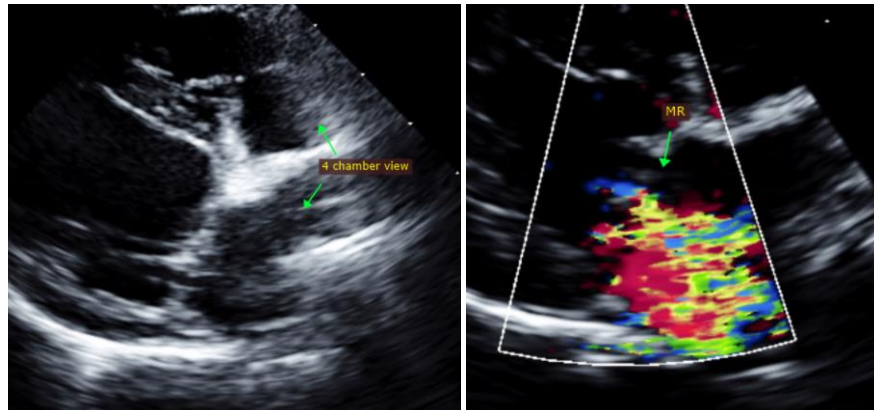
- A renal panel is recommended every 3-4 months lifelong.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

AGE

6 years

IMAGES

WEIGHT
11.56lbs



INTERPRETED BY

Maggie Machen 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

HOSPITAL NAME

Mass Veterinary Services

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.

REFERRING VET

Dr. Masloski

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

INVOICE
29915

Echocardiogram performed by:

Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)

DATE

3/29/23