



PATIENT
Babaloo Kennedy

SPECIES
Canine

BREED
Havanese

SEX
Male Neutered

AGE
13 years

WEIGHT
18.5lbs

INTERPRETED BY
Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Current presentation: Babaloo has been coughing 3-4 times a row approximately 2-3 times a day with some dyspnea noted when he is nervous. He is eating well but eating less in the morning. His activity has slowed a bit. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear, coughs with tracheal pressure, BP: 150mmHg x4. Medications: 1) Pimobendan/vetmedin 5mg 1/2 tab twice a day 2) Enalapril 5mg 1 tab am with 1/2 tab pm 3) Spironolactone 25mg 1/2 tab am with 1/4 tab pm 4) Hydrocodone with homatropine/hycodan 1.5mg/5mils 3mils 1-2 times a day *Sedated with propofol for study.
-Pertinent previous echo findings (9/2021 MML): Moderate LAE, mild LVE, severe MR, mild TR: 1.8m/s. LA: 2.8, LV: 3.1.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is moderately increased with hyperdynamic function. LV wall thicknesses are normal.
Left atrium: The left atrium is severely dilated.
Mitral valve: The mitral valve is significantly thickened with significant prolapse into the left atrial lumen. Severe 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 indicating no overt evidence of pulmonary arterial hypertension.
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 150bpm.

IMAGING PERFORMED BY
Pamela Harrigan,
RDMS

HOSPITAL NAME
Mass Veterinary Services

2-Dimensional Measurements

| | |
|--------------------|-----|
| Ao diam (cm) | 1.4 |
| LA diam (cm) | 3.0 |
| LA:Ao (Swe) | 2.1 |
| IVS thickness (cm) | 0.7 |
| LVID diastole (cm) | 3.6 |
| PW thickness (cm) | 0.7 |
| LVID systole (cm) | 1.7 |
| FS (%) | 53 |

Doppler Measurements

| | |
|----------------|------|
| PV Vmax (m/s) | 0.69 |
| AoV Vmax (m/s) | 1.3 |
| MR Vmax (m/s) | 4.9 |
| TR Vmax (m/s) | 1.8 |
| TR PG (mmHg) | 14 |

REFERRING VET
Dr. Masloski

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with mild progression. Both the LA and LV are increased compared to the prior study, with persistently severe MR. No pulmonary hypertension or additional issues are identified.

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Given that the patient is having intermittent respiratory signs, it is reasonable to institute low dose Lasix at this point. This is in addition to current medications as prescribed. Close monitoring of breathing rates is advised at home to screen for early CHF. Assessment of



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progression in the future will help predict long term outcome, however prognosis is guarded at this stage (late B2). Unfortunately, the 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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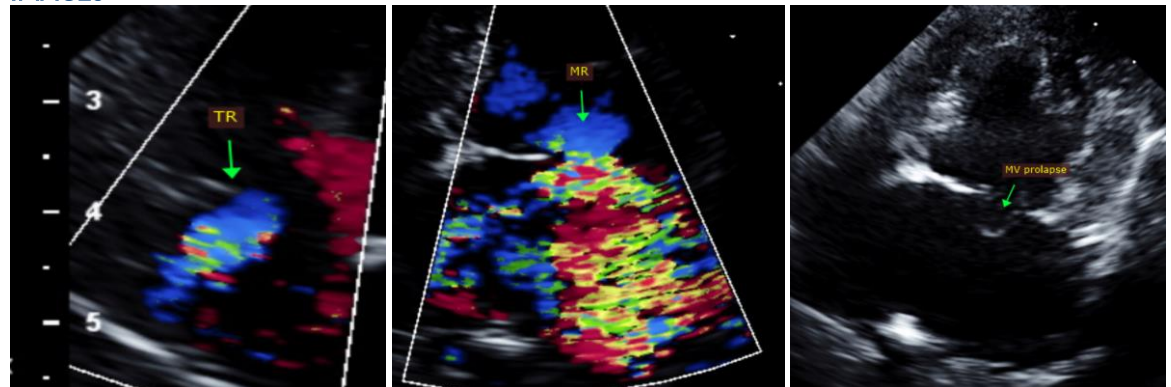
RECOMMENDATIONS

- Continue 3 medications as prescribed.
- Continue Hydrocodone for quality of life.
- Consider low dose Lasix 1mg/kg PO q12h.
- 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.

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.

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.

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

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