



PATIENT

Eli Parent

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Male Neutered

AGE

10 years

WEIGHT

26.8lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDMS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

23383

DATE

3/31/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Current presentation: He is presently doing well with a good appetite and normal activity level. On exam: NSR, grade III/VI murmur with PMI left apical area, PSS, lung fields clear. BP: 100 mmHg x 2; 220 mmHg x 3. Medications: 1) Pimobendan/vetmedin 5mg 1/2 tab twice a day 2) Enalapril 2.5mg 1.5 tabs twice a day *No sedation for study.

-Pertinent previous echo findings (1/29/21 Tai Casagrande, DVM, DACVIM): LA 2.49 cm; LA:Ao 1.65; LV 2.39 cm; mild LAE; severe MR; no TR; Ao Vmax equivocally increased (1.95 m/s).

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is mildly increased with adequate function. LV wall thicknesses are normal.

Left atrium: The left atrium is moderately dilated.

Mitral valve: The mitral valve is diffusely thickened with minimal prolapse into the left atrial lumen. Mild to moderate eccentric mitral regurgitation with a normal velocity.

Aortic valve/Aorta: Mild sub-aortic narrowing is noted. Mildly elevated aortic 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 no obvious tricuspid regurgitation.

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 130bpm.

2-Dimensional Measurements

| | |
|--------------------|------|
| Ao diam (cm) | 1.4 |
| LA diam (cm) | 2.4 |
| LA:Ao (Swe) | 1.7 |
| IVS thickness (cm) | 0.72 |
| LVID diastole (cm) | 2.7 |
| PW thickness (cm) | 0.77 |
| LVID systole (cm) | 1.5 |
| FS (%) | 44 |

Doppler Measurements

| | |
|----------------|-----|
| PV Vmax (m/s) | 1.1 |
| AoV Vmax (m/s) | 2.3 |
| MR Vmax (m/s) | 5.7 |
| TR Vmax (m/s) | NA |
| TR PG (mmHg) | NA |

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with relative stability. Moderate LA enlargement is unchanged; however, the LV does appear slightly increased comparatively. Additionally, a mildly elevated aortic outflow velocity is noted, which is likely consistent with mild sub-aortic stenosis given the appearance of the outflow tract. This is clinical irrelevant at this point and does not warrant further therapy. No additional issues are identified.



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Given these findings, continue Pimobendan and Enalapril as previously recommended. The blood pressure is highly variable and difficult to interpret. Reassessing is advised at a future visit. Prognosis remains guarded.

SPECIES RECOMMENDATIONS

Canine

- Continue Pimobendan and Enalapril as prescribed.
- Reassess BP in the future is recommended.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

BREED

Chihuahua Mix

- Once on Pimobendan for 3-5 days, anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

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- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

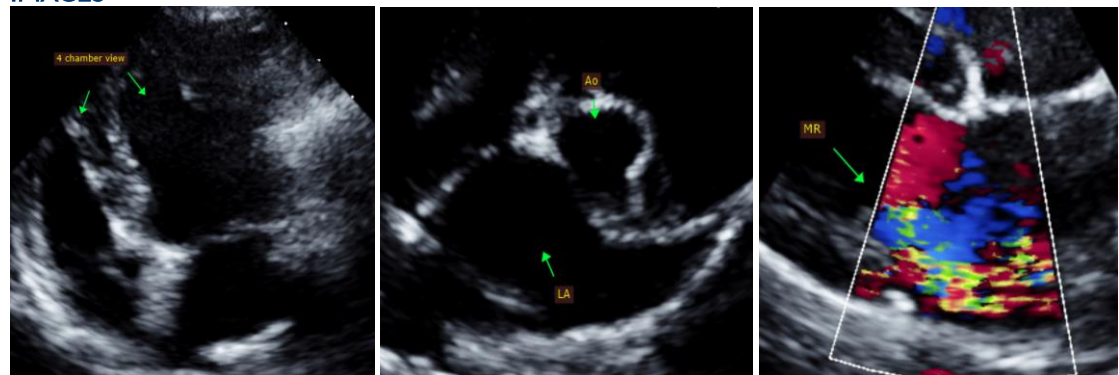
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

REFERRING VET

Dr. Masloski

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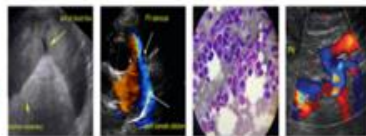
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Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

DATE

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Echocardiogram performed by: Pamela Harrigan, RDCS



Pet Animal Ultrasound Service (4paus.com)

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