



**PATIENT**

Buddy Caney

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**SEX**

Male Neutered

**AGE**

13 years

**WEIGHT**

6.3lbs

**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, advanced. Current presentation: Recent increase in coughing. He seems out of breath with a hacking sort of cough noted. He was doing very well while on the Baytril. Buddy is presently eating well with no S/V/D/PU/PD. His activity remains normal. On auscultation: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear on left, harsh on right cranial> caudal ventral > dorsal, no cough with tracheal palpation. BP: 100mmHg x 4. -Current medications: 1) Pimobendan/vetmedin 1.25mg 1 tab am with 1/2 tab pm 2) Lasix/furosemide 12.5mg 1 tab twice a day 3) Spironolactone 12.5mg 1/4 tab twice a day 4) Hydrocodone with homatropine/hycodan 5mg 1/4 tab twice a day ----has not been giving 5) Alprazolam 0.25mg 1/2-tab prn for thunderstorms \*No sedation for study. -Pertinent previous echo findings (9/1/21 MML): LA 2.6 cm; LA:Ao 2.2; LV 3.0 cm; severe LAE; severe MR: trace/mild TR (2.7 m/s).

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and Doppler imaging is available. **Left ventricle:** LV dilation with hyperdynamic myocardial 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 significant 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. **Right ventricle:** No significant RV dilation. **Right atrium:** No significant right atrial dilation. **Tricuspid valve:** The tricuspid valve appears mildly thickened, with no tricuspid regurgitation. **Pulmonic valve/Pulmonary artery:** The pulmonic valve is normal with normal pulmonic 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)	1.1
LA diam (cm)	2.9
LA:Ao (Swe)	2.6
IVS thickness (cm)	0.6
LVID diastole (cm)	3.0
PW thickness (cm)	0.6
LVID systole (cm)	0.7
FS (%)	77

**Doppler Measurements**

PV Vmax (m/s)	0.85
AoV Vmax (m/s)	1.6
MR Vmax (m/s)	5.4
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**INTERPRETATION OF THE FINDINGS**

Chronic degenerative valve disease causing severe mitral regurgitation persists. Compared to the prior study, the left atrium is progressively enlarged; however, the remainder of the disease is unchanged. No significant tricuspid leak is seen today, and no additional issues are identified.

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**DATE**

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Given these findings, cardiac support should be continued as previously prescribed. Consider reinstitute Hydrocodone +/- an additional course of Baytril depending on



**PATIENT**  
Buddy Caney

response. CHF is unlikely given no reported respiratory signs; however, screening CXR should always be considered.

**SPECIES**  
Canine

The average survival of canine patients with active pulmonary edema 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.

**BREED**  
Yorkshire Terrier

**RECOMMENDATIONS**

- Continue Lasix, Pimobendan and Spironolactone as prescribed.
- Re institute Hydrocodone as 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).
- Consider a course of Baytril.
- 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 best way to screen for CHF in the future.

**SEX**  
Male Neutered

**PLAN**

- Monitor renal vales and BP every 3-4 months lifelong.
- A recheck echocardiogram is recommended in 6 months to screen for progression, sooner if clinical signs arise/persist.

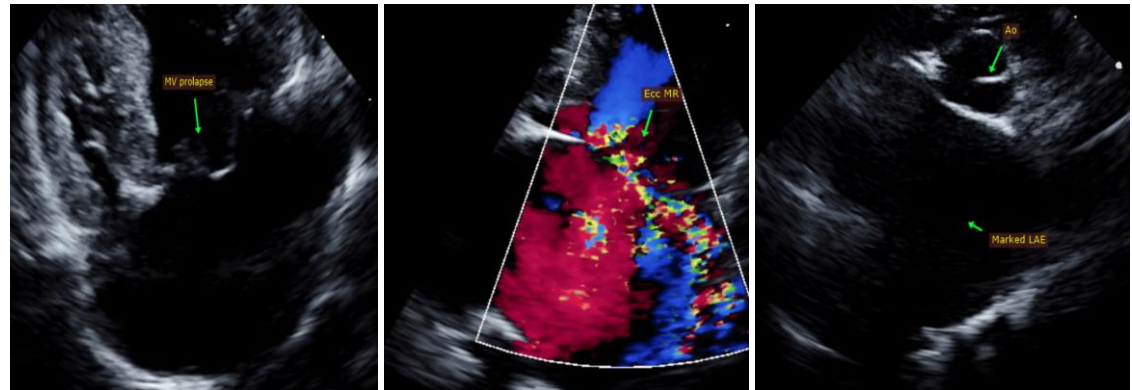
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**IMAGES**

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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.

**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.

**INVOICE**

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**DATE**

3/8/22

**Echocardiogram performed by:**

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