



**PATIENT**

Coco Feliciano

**SPECIES**

Canine

**BREED**

Chihuahua Mix

**SEX**

Female Spayed

**AGE**

12 years

**WEIGHT**

8.25lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

29472

**DATE**

6/8/23

**PRESENTING CLINICAL SIGNS**

History: Coco had an episode of congestive heart failure in January and was started on Pimobendan and Lasix. The coughing and labored breathing she had before the medications have resolved with the medication. She is presently doing well with a good appetite. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 130mmHg x 5. Current medications: 1) Pimobendan/vetmedin 1.25mg 1 tab in am with 1/2 tab pm 2) Lasix/furosemide 10mg/ml 0.3 mls twice a day \*Sedated with propofol for study.

**ECHOCARDIOGRAM FINDINGS**

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

**Left ventricle:** Mild LV dilation with hyperdynamic myocardial function.

**Left atrium:** The left atrium is markedly dilated.

**Mitral valve:** Diffuse thickening of mitral valve leaflets with 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. No aortic insufficiency.

**Right ventricle:** Mild RV dilation.

**Right atrium:** Mild right atrial dilation.

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

**Pulmonic valve/Pulmonary artery:** The pulmonic valve is normal in morphology and mobility. The MPA appears mildly dilated. Normal pulmonic outflow velocities with laminar flow. No PI.

**Pericardium/other:** No pericardial or pleural effusion noted. No obvious cardiac masses.

**2-Dimensional Measurements**

Ao diam (cm)	0.9
LA diam (cm)	3.2
LA:Ao (Swe)	>3.0
IVS thickness (cm)	0.5
LVID diastole (cm)	3.3
PW thickness (cm)	0.5
LVID systole (cm)	1.8
FS (%)	45

**Doppler Measurements**

PV Vmax (m/s)	0.55
AoV Vmax (m/s)	1.9
MR Vmax (m/s)	4.0
TR Vmax (m/s)	3.5
TR PG (mmHg)	49

**INTERPRETATION OF THE FINDINGS**

Recs

The cause of the murmur is chronic degenerative valve disease causing severe mitral and moderate tricuspid regurgitation. Severe left atrial enlargement indicates the risk for spontaneous congestive heart failure is elevated. Mild to moderate pulmonary hypertension is noted, which is likely secondary to chronic LA pressure elevation. No additional issues are identified.

In light of the prior history and severity of disease on echocardiogram, the diagnosis is congestive heart failure is supported and continued medications are warranted lifelong as below.

The average survival time 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



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period. 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 Lasix 1-2mg/kg PO q12h.
- Institute Spironolactone 1-2 mg/kg PO q 12h.
- Continue Pimobendan 0.25-0.3 mg/kg PO q12h.
- Institute ACE-I 0.5mg/kg PO q12h
- Cough suppression to improve QOL can also be considered (hydrocodone, 0.2-0.4mg/kg up to q4-6h PRN) for any residual mechanical cough in the face of normal sleeping respiratory rates.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.
- Monitoring of sleeping respiratory rates will be paramount to screen for congestive heart failure at home.
- Elective anesthesia is not advised.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

**PLAN**

- Monitor renal values and BP every 3-4 months lifelong.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

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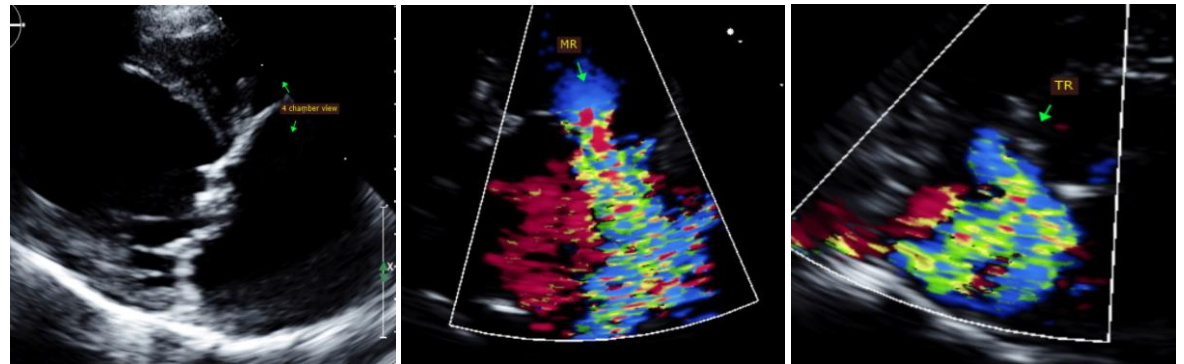
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**IMAGES**



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.

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