



**PATIENT**

Jack Heck

**SPECIES**

Canine

**BREED**

Toy Poodle

**SEX**

Male Neutered

**AGE**

16 years

**WEIGHT**

6.31lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

29459

**DATE**

6/8/23

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History chronic valvular disease - Stage C. Jack is doing relatively well but does have some difficulty getting around. Occasional cough but tends to have a resting respiratory rate of 18-24 at home. He is, however, becoming progressively more anxious at home. On exam: NSR, grade III-IV/VI murmur with PMI left apical area, PSS, mild crackles caudal dorsal lung fields, mm pink, moist, CRT<2. BP: 90-100mmHg. Current medications: 1) Enalapril 2.5mg 1/4 tab twice a day 2) Pimobendan/vetmedin 1.25mg 3/4 tab twice a day 3) Thyroxine 75mcg 1/2 tab twice a day 4) Temaril p 1/2 tab twice a day 5) Cerenia 16mg 1/4 tab evenings 6) Adequan 0.145mls weekly 7) Denamarin daily 8) Fish oil twice a day 9) Lasix/furosemide 12.5mg 1/2 tab am 10) Mirtazapine 7.5mg 1/2 tab daily \*No sedation for study.

-Pertinent previous echo findings 92/24/22: LA 1.9 cm; LA:Ao 2.1m LV 2.5 cm, marked LAE, LVE, marked MR, mild TR (3.63 m/s), moderate pulmonary hypertension.

**ECHOCARDIOGRAM FINDINGS**

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

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

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

**Mitral valve:** The mitral valve is diffusely thickened with mild prolapse into the left atrial lumen. Moderate 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:** 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 mild thickening 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.

**2-Dimensional Measurements**

Ao diam (cm)	1.3
LA diam (cm)	2.2
LA:Ao (Swe)	1.7
IVS thickness (cm)	0.5
LVID diastole (cm)	2.8
PW thickness (cm)	0.4
LVID systole (cm)	1.2
FS (%)	57

**Doppler Measurements**

PV Vmax (m/s)	1.0
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	5.7
TR Vmax (m/s)	2.7
TR PG (mmHg)	30

**INTERPRETATION OF THE FINDINGS**

Compared to the prior study, the left atrial and ventricular dimensions are slightly increased. The remainder of the study is unchanged with moderate mitral and mild tricuspid regurgitation. No pulmonary hypertension or additional issues are identified.



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Since the prior evaluation, Lasix was initiated. If CHF was documented or suspected, this should be continued going forward with consideration of Spironolactone.

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Canine

Prognosis is guarded to poor once CHF is diagnosed with an average survival time of <1 year.

**BREED**  
Toy Poodle

**RECOMMENDATIONS**

- Continue Pimobendan as prescribed.
- Given hypotension, discontinue Enalapril.
- If CHF was documented or suspected, continue Lasix 1-2mg/kg PO q12h and institute Spironolactone 1-2mg/kg PO q12h.
- Anesthesia should be avoided once CHF is diagnosed.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

**SEX**  
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**AGE**

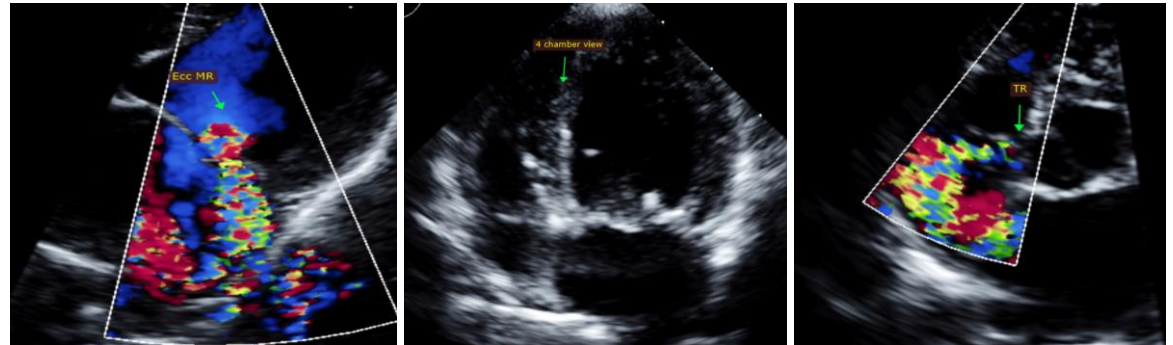
16 years

**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.

**WEIGHT**  
6.31lbs

**IMAGES**



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Pamela Harrigan, RDCS

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.

**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

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**INVOICE**  
29459

**Echocardiogram performed by:**

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

**DATE**  
6/8/23