



PATIENT

Roxy Perkins

SPECIES

Canine

BREED

Chihuahua

SEX

Female Spayed

AGE

15 years

WEIGHT

7.06lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

30178

DATE

4/11/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Presently, Roxy is not eating well at this point---tends to eat only chicken nuggets, a few bites of turkey or Fresh Pet. Occasional cough. Roxy has been vocalizing more (crying/screaming). No S/V/D but she is a bit PU/PD. On exam: NSR, grade V/VI murmur with PMI left apical area radiating to right with grade II/VI murmur noted on right, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 140-150mmHg. Current medications: 1) Pimobendan/vetmedin 1.25mg 1.5 tabs in am with 1 tab pm 2) Tramadol 50mg 1/4 tabs twice a day 3) Hycodan 5mg 1/2 tab 2-3 times a day 4) Lorazepam/ativan 1mg 1/4 tab twice a day ----discontinued 5) Potassium citrate 540mg 1/2 tab daily 6) Probiotic 7) Proin 1/4 tab daily 8) Denamarin 1 tab daily 9) Snip tips 1 capsule every other day 10) Melatonin 11) Trilostane/vetroryl 50mg with food daily 12) Prozac/fluoxetine 10mg 1/2 tab daily 13) Methocarbamol/robaxin 500mg 1/4 tab daily *Sedated with propofol for study.
-Pertinent previous echo findings (6/15/22 MML): LA 2.1 cm; LA:Ao 1.5; LV 2.1 cm.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is decreased with adequate myocardial function. LV wall thicknesses are mildly increased.
Left atrium: The left atrium is mildly dilated.
Mitral valve: The mitral valve is markedly diffusely thickened with mild prolapse into the left atrial lumen. Moderate mitral regurgitation with a normal velocity.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Trace 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 trace tricuspid regurgitation.
Pulmonary 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 160bpm.

2-Dimensional Measurements

Ao diam (cm)	1.3
LA diam (cm)	2.1
LA:Ao (Swe)	1.6
IVS thickness (cm)	0.75
LVID diastole (cm)	1.6
PW thickness (cm)	0.78
LVID systole (cm)	0.6
FS (%)	63

Doppler Measurements

PV Vmax (m/s)	1.1
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	4.5
TR Vmax (m/s)	NM
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with overall stability. Moderate mitral and trace tricuspid regurgitation are unchanged without progressive left heart enlargement. The LV remains volume underloaded and lab work should be considered. No additional issues have developed.



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Given these findings, no medication changes are indicated. Prognosis remains guarded long-term.

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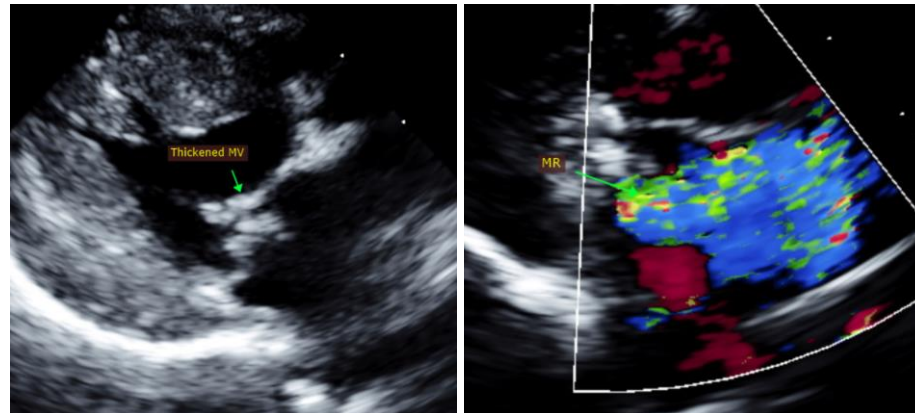
RECOMMENDATIONS

- Continue Pimobendan as prescribed.
- Monitor renal values and BP every 3-4 months lifelong.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- 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.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes. Monitoring of sleeping breathing rates is the best way to assess for recurrent CHF in the future.

PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 6-9 months, sooner if any development of clinical signs.

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.

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

4/11/23

Echocardiogram performed by:

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