



PATIENT

Milo Wagner

SPECIES

Canine

BREED

Chihuahua

SEX

Male Neutered

AGE

15 years

WEIGHT

7lbs

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage C. Currently, doing well at home - continues to have a very good appetite. BP: 143, 152, 154mmHg.

-Pertinent previous echo findings (2/18/21 MML): LA 2.5 cm; LA:Ao 2.1; LV 2.9 cm; severe LAE; severe MR; trivial TR.

ECHOCARDIOGRAM FINDINGS

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

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

Left atrium: The left atrium is severely dilated with a horizontal component.

Mitral valve: The mitral valve is significantly thickened with prolapse into the left atrial lumen. Severe mitral regurgitation. Normal velocity.

Aortic valve/Aorta: The aortic valve appears normal with normal outflow velocity; laminar flow. No aortic insufficiency.

Right ventricle: Mild right ventricular dilation.

Right atrial: Mild right atrium dilation.

Tricuspid valve: The tricuspid valve appears mildly thickened with mild tricuspid regurgitation. Velocity consistent with moderate pulmonary hypertension.

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 140bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.3
LA diam (cm)	2.5
LA:Ao (Swe)	2.0
IVS thickness (cm)	0.5
LVID diastole (cm)	3.2
PW thickness (cm)	0.5
LVID systole (cm)	1.2
FS (%)	63

Doppler Measurements

PV Vmax (m/s)	0.76
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	5.8
TR Vmax (m/s)	4.3
TR PG (mmHg)	74

IMAGING PERFORMED BY

Pamela Harrigan,
RDMS

HOSPITAL NAME

Norfolk County
Veterinary Service

REFERRING VET

Dr. Leoni

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with severe mitral and mild tricuspid regurgitation. The most significant changed is development of moderate pulmonary hypertension, this is of unknown significance given that the patient is not experiencing any respiratory symptoms. Simple follow up is advised if any syncope or dyspnea are noted in the future. Sildenafil can be utilized. No additional issues are noted.

Given these findings, continued medications are suggested as below.

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Continued assessment of progression in the future will help predict long term outcome, however prognosis is guarded to poor once on diuretic therapy (stage C). Unfortunately, the 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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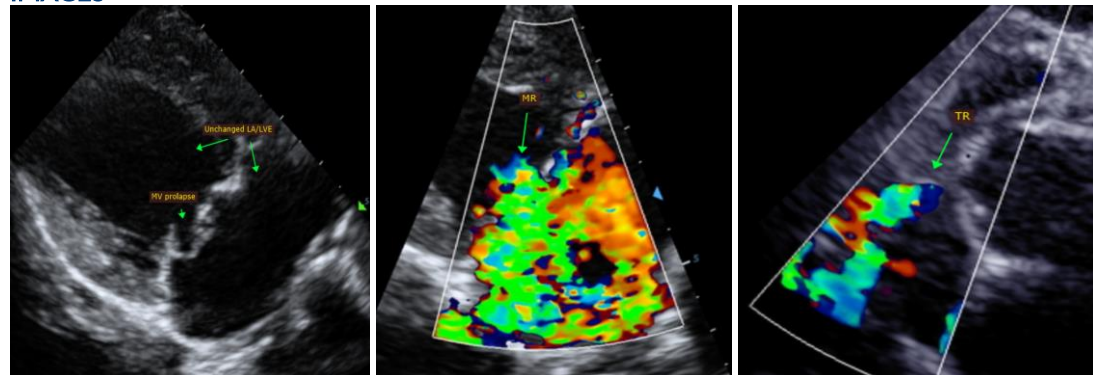
RECOMMENDATIONS

- Continue Furosemide, Pimobendan, Spironolactone and ACE-I as previously recommended.
- If any exertional dyspnea/collapse develops, institute Sildenafil 1-2mg/kg PO q12h.
- Close monitoring for development of associated clinical signs (development of a cough, labored breathing, exercise intolerance or worsening collapse episodes) is recommended.
- Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF at home.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Mild activity restriction is advised.
- Elective anesthesia is not advised.

PLAN

- A renal panel and BP are recommended every 3-4 months lifelong.
- Recommend recheck echocardiogram in 6 months, sooner if any development of clinical signs.

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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