



PATIENT

Bella Peterson

SPECIES

Canine

BREED

Chihuahua

SEX

Female Spayed

AGE

10 years

WEIGHT

5.38lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

23755

DATE

4/19/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - early B2. Current presentation: Bella had an episode of heavy breathing, almost falling over and seeming uncomfortable. No further episodes. Occasional cough --- couple times during night. Eating well with normal activity level. On exam, NSR, grade IV/VI murmur with PMI left apical area radiating to right PSS, lung fields clear, coughs easily with tracheal pressure. BP: 160 mmHg. Medications: 1) Hycodan 5mg/5mls 0.5mls twice a day---not giving 2) Pimobendan/vetmedin 1.25mg 1/2 tab twice a day * No sedation for study. -Pertinent previous echo findings (9/15/21 MML): LA 2.0 cm; LA:Ao1.5; LV 2.5 cm; normal LV size; moderate LAE; moderate MR: mild TR (2.7 m/s).

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available. **Left ventricle:** The LV diameter is normal with adequate 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:** Mild right ventricular enlargement. **Right atrium:** Mild RA enlargement. **Tricuspid valve:** The tricuspid valve appears thickened with mild septal prolapse and mild tricuspid regurgitation. Velocity consistent with severe 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 110bpm.

2-Dimensional Measurements

Ao diam (cm)	1.2
LA diam (cm)	2.3
LA:Ao (Swe)	1.9
IVS thickness (cm)	0.5
LVID diastole (cm)	2.5
PW thickness (cm)	0.5
LVID systole (cm)	1.4
FS (%)	44

Doppler Measurements

PV Vmax (m/s)	0.74
AoV Vmax (m/s)	0.8
MR Vmax (m/s)	5.8
TR Vmax (m/s)	5.0
TR PG (mmHg)	100

INTERPRETATION OF THE FINDINGS

Compared to the prior study, the most significant change is development of pulmonary hypertension. The TR velocity is severely elevated; however, the right heart is only mildly enlarged making this likely an over-estimation. The left heart is largely unchanged without significant progression comparatively.

If the reported respiratory issue was an isolated event, no treatment is clearly indicated at this time. If episodes similar to this recur going forward and/or the patient experiences any exertional dyspnea/collapse, Sildenafil can certainly be utilized to help improve breathing comfort. Otherwise, simple follow up is recommended. Continue Pimobendan as previously recommended.



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Prognosis remains guarded at this stage (B2).

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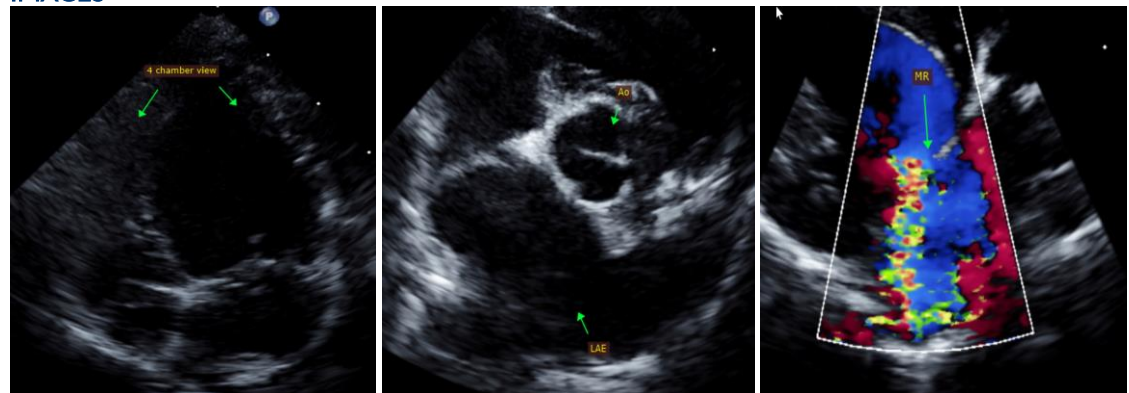
RECOMMENDATIONS

- Continue Pimobendan and Hydrocodone as prescribed.
- If respiratory episodes recur, consider Sildenafil 1-2mg/kg PO q12h.
- 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.

PLAN

- Recommend conservative monitoring with a 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.

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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