



**PATIENT**

Max Souliere

**SPECIES**

Canine

**BREED**

Yorkshire Terrier Mix

**SEX**

Male Neutered

**AGE**

10 years

**WEIGHT**

12.06lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History chronic valvular disease - Stage B2. Current presentation: Max is doing well at home with some improvement noted with the added hycodan. Eating well; normal activity. Mild wheezing. On auscultation: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 160 mmHg x 4. Medications: 1) Apoquel 5.4mg 1/2 tab 2) Pimobendan/vetmedin 1.25mg 1.5 tabs twice a day 3) Ursodiol/actigall 80mg 0.5mls twice a day 4) Fish oils 5) Enalapril 2.5mg 1 tab twice a day 6) Spironolactone 25mg 1/4 tab twice a day 7) Lasix/furosemide 12.5mg 3/4 tab twice a day 8) Hydrocodone with homatropine/hycodan 5mg 1 capsule three times a day \*No sedation for study.  
-Pertinent previous echo findings (10/26/21 MML): LA 3.7 cm; LA:Ao 2.8; LV 3.9 cm; marked LAE: LVE; severe MR; no 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 markedly dilated.

**Mitral valve:** The mitral valve is markedly thickened with prolapse into the left atrial lumen. Marked eccentric mitral regurgitation with a normal velocity.

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

**Right ventricle:** Mild right ventricular enlargement.

**Right atrium:** Mild RA enlargement.

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

**Pulmonic valve/Pulmonary artery:** The pulmonic valve is normal in morphology and mobility. Trivial 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 120bpm.

**IMAGING**

**PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary  
Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

23747

**DATE**

4/19/22

**2-Dimensional Measurements**

Ao diam (cm)	1.4
LA diam (cm)	4.0
LA:Ao (Swe)	2.9
IVS thickness (cm)	0.7
LVID diastole (cm)	4.5
PW thickness (cm)	0.6
LVID systole (cm)	1.8
FS (%)	60

**Doppler Measurements**

PV Vmax (m/s)	0.97
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	5.3
TR Vmax (m/s)	2.8
TR PG (mmHg)	31

**INTERPRETATION OF THE FINDINGS**

Chronic degenerative valve disease persists with marked dilation. Marked MR and left heart enlargement is slightly increased. Additionally, mild TR is noted with early pulmonary hypertension. This is not surprising given the severity of the findings. No obvious additional issues are identified.

Despite the severity of disease seen here, the patient is reportedly doing well at home and no medication changes are warranted at this time, It is important to note this patient is



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Max Souliere

considered end-stage and our goal is maintain quality of life for as long as possible. Close monitoring at home for signs of decompensation is recommended.

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Prognosis is poor at this stage, with high risk for CHF. 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 all medications as prescribed.
- 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.

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**PLAN**

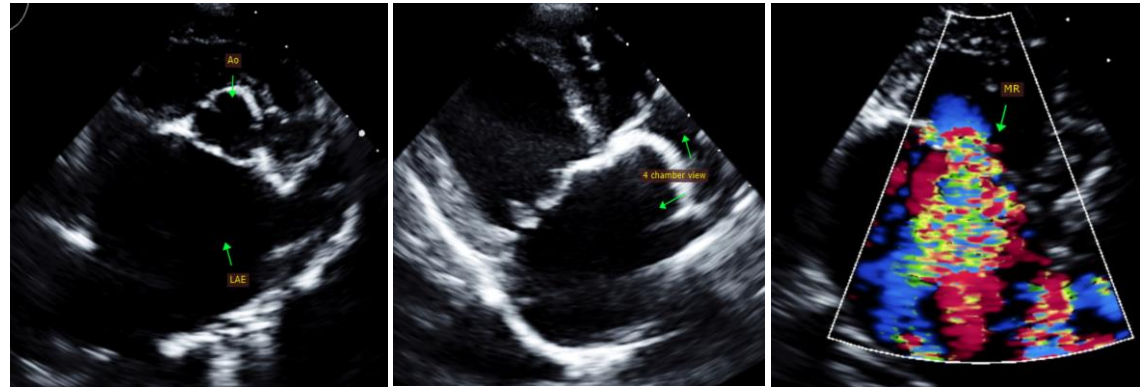
- A renal panel is recommended every 3-4 months lifelong.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

**WEIGHT**  
12.06lbs

**IMAGES**

**INTERPRETED BY**

Maggie Machen Lamy, DVM  
DACVIM (Cardiology)



**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Mass Veterinary Services

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.

**REFERRING VET**

Dr. Masloski

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**

23747

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

**DATE**

4/19/22

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