



PATIENT

Corabelle Gaven

SPECIES

Canine

BREED

Toy Poodle

SEX

Female Spayed

AGE

7 years

WEIGHT

6.9lbs

PRESENTING CLINICAL SIGNS

History: Recently adopted. History of heartworm, treated. Has intermittent dry, non-productive, cough; severe dental disease. No murmur. Radiographs: mild, diffuse, bronchial pattern. BP: 125-135mmHg.

ECHOCARDIOGRAM FINDINGS

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

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

Left atrium: The left atrium is normal.

Mitral valve: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Trace mitral regurgitation.

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.

Right atrium: Normal RA.

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

Pulmonary valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. Mild pulmonic insufficiency. Normal RVOT velocity; laminar flow. No significant MPA or branch dilation.

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.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.1
LA diam (cm)	1.6
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.47
LVID diastole (cm)	1.8
PW thickness (cm)	0.49
LVID systole (cm)	0.6
FS (%)	67

Doppler Measurements

PV Vmax (m/s)	1.2
AoV Vmax (m/s)	1.0
MR Vmax (m/s)	NM
TR Vmax (m/s)	3.2
TR PG (mmHg)	41

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing trace mild mitral and mild tricuspid regurgitation. Lack of chamber enlargement indicates the current risk for complication is low. Mild pulmonary hypertension is noted, which is likely due to the prior heartworm infestation. No concurrent issues such as systolic dysfunction are noted in this study.

Continued assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).

HOSPITAL NAME

Rhode Island Animal
Medical Center

REFERRING VET

Dr. Johnson

INVOICE

23409

DATE

4/1/22

Given these findings, the cough is certainly non-cardiogenic in origin. A history of heartworm disease often does leave permanent pulmonary damage, which can progress as the patient ages. This is suspected in this case and should be treated as clinically indicated going forward. If the cough is poorly controlled/progresses long term, this can certainly lead to worsening of PAH. Clinical signs of significant PAH include exertional



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dyspnea/collapse. Cough control is recommended lifelong (hydrocodone, intermittent Al prednisone, fluoroquinolone for acute flare up, etc.).

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RECOMMENDATIONS

- Given these findings, no cardiac medications are indicated.
- Consider hydrocodone as needed.
- Consider further respiratory treatment/evaluation as discussed.
- Baseline CXR is recommended for future comparison.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- No cardiac contraindication for general anesthesia. Pre-oxygenate for five minutes and recover in O2 if possible. Mild IV fluid restriction is advised.
- Monitor for development of a progressive cough, labored breathing, exercise intolerance or collapse episodes.

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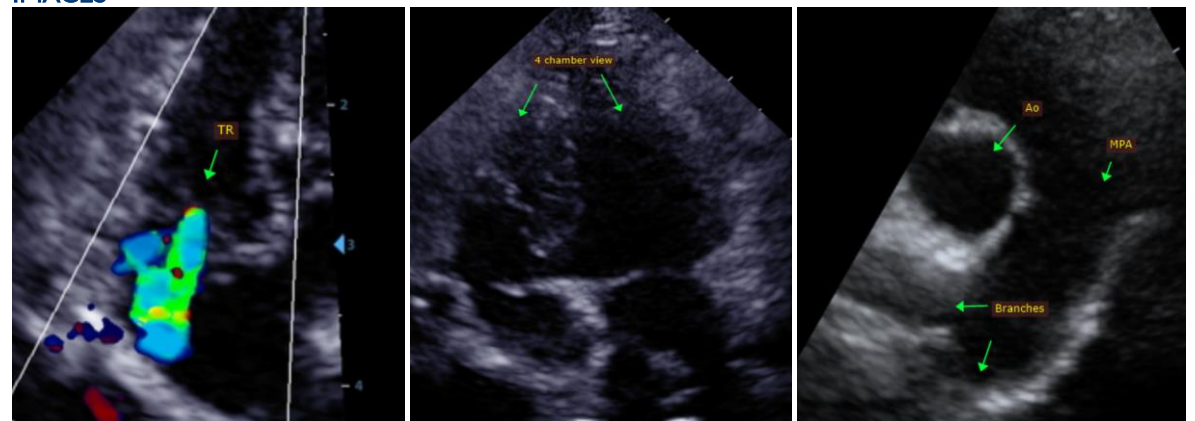
PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 6-12 months, sooner if any development of clinical signs.

WEIGHT

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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.

REFERRING VET

Dr. Johnson

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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