



PATIENT

Seguin Medeiros

SPECIES

Canine

BREED

Chihuahua

SEX

Male Neutered

AGE

7 years

WEIGHT

10.4lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Rhode Island Animal
Medical Center

REFERRING VET

Dr. Hart

INVOICE

23411

DATE

4/1/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2, with moderate LAE, moderate MR and mild PAH (TR 2.69 m/s) diagnosed on echocardiogram (11/22/19 Mark Stamoulis, DVM, DACVIM): LA 2.1 cm; LA:Ao 1.75; LV 2.74 cm. Pimobendan recommended. Currently: Seguin had a collapse episode on March 23rd. On exam: grade IV/V/VI left sided systolic murmur. BP: 90-105mmHg. Current medications: Pimobendan 2.5 mg BID; Sildenafil 10 mg, 1/4-tab q8h.

ECHOCARDIOGRAM FINDINGS

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

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

Left atrium: The left atrium is severely dilated.

Mitral valve: The mitral valve is diffusely thickened with significant prolapse into the left atrial lumen. Flail anterior leaflet. Severe 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 mildly thickened with septal prolapse and mild tricuspid regurgitation; borderline velocity.

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 100bpm.

2-Dimensional Measurements

Ao diam (cm)	1.2
LA diam (cm)	2.5
LA:Ao (Swe)	2.2
IVS thickness (cm)	0.6
LVID diastole (cm)	2.7
PW thickness (cm)	0.6
LVID systole (cm)	1.0
FS (%)	64

Doppler Measurements

PV Vmax (m/s)	0.75
AoV Vmax (m/s)	1.0
MR Vmax (m/s)	5.0
TR Vmax (m/s)	2.8
TR PG (mmHg)	31

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with evidence of progression. Severe mitral and mild tricuspid regurgitation are identified with progressive left heart dimensions.

There is no obvious pulmonary hypertension present to explain the syncopal episode. A flail leaflet is more concerning and may reflect a ruptured chord not visualized here.

Regardless, significant LA and LV enlargement indicates there is an elevated risk for spontaneous congestive heart failure. No additional issues are identified.

A syncopal episode in this patient is most likely cardiogenic in origin. Possible causes of syncope include poor forward blood flow leading to hypoxia with excitement, early CHF, pulmonary hypertension (not seen), an arrhythmia (not seen), and/or blood pressure swings/vasovagal events. Insufficient cardiac output, imminent CHF and/or hypotension may all be contributing. Given what is seen here, recommended institution of low-dose



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Lasix, in addition to Pimobendan and Spironolactone as below. No indication for Sildenafil in this patient without significant pulmonary hypertension. If the episodes persist despite this approach, further evaluation may be indicated such as a holter monitor. Long term prognosis is poor; however, most dogs are able to maintain a good QOL on medications for an average of 8-12 months from diagnosis of CHF.

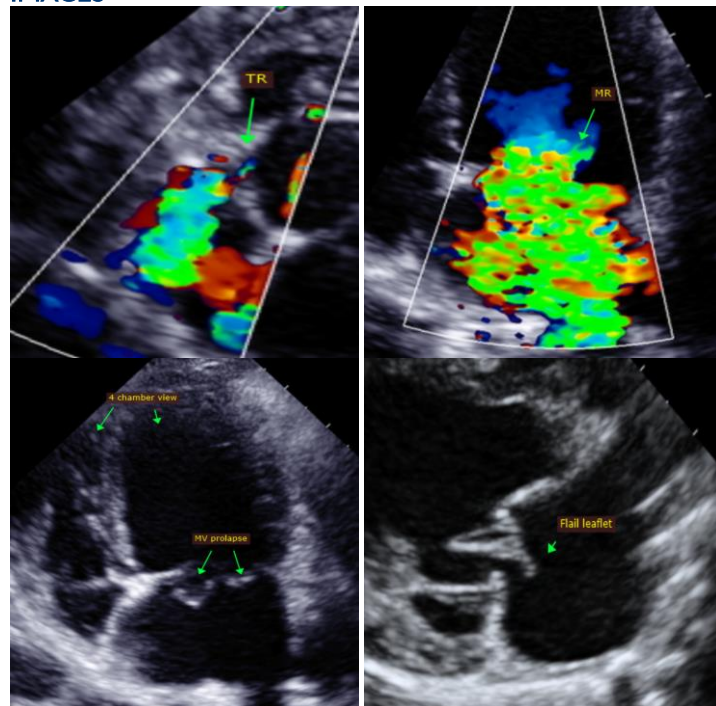
RECOMMENDATIONS

- Institute low-dose Lasix 1mg/kg PO q12h.
- Continue Pimobendan as prescribed.
- Discontinue Sildenafil as discussed.
- Institute Spironolactone 1-2mg/kg PO q12h.
- Do not utilize an ACE-I due to hypotension.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Activity/stress limitation advised while maintaining QOL.
- Elective anesthesia is not advised.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes. Monitoring of sleeping respiratory rates will be paramount to screen for congestive heart failure at home.

PLAN

- Monitor renal values/BP in 1-2 weeks, then every 3-4 months lifelong.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

IMAGES





PATIENT

Seguin Medeiros

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.

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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.

BREED

Chihuahua

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

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