



PATIENT

Cesare Gugino

SPECIES

Canine

BREED

Shih Tuz

SEX

Male Neutered

AGE

15 years

WEIGHT

15lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

East Boston Animal
Hospital

REFERRING VET

Dr. Chopra

INVOICE

23846

DATE

4/25/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B1.
-Pertinent previous echo findings (9/26/21 MML): LA 1.8 cm; LA:Ao 1.1; LV 2.6 cm; normal LA size; mild MR; mild TR (2.9 m/s). *Sedated with torbugesic for study.

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 mildly enlarged.

Mitral valve: The mitral valve is mildly thickened with prolapse into the left atrial lumen. A ruptured chordae tendineae is suspected (see below). Moderate anterior-directed mitral regurgitation. Normal velocity.

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Trace/mild aortic insufficiency.

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: Normal RA dimension.

Tricuspid valve: The tricuspid valve appears mildly thickened with septal prolapse and moderate tricuspid regurgitation. Normal velocity.

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 80bpm.

2-Dimensional Measurements

Ao diam (cm)	1.6
LA diam (cm)	2.0
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.9
LVID diastole (cm)	2.4
PW thickness (cm)	0.9
LVID systole (cm)	1.0
FS (%)	59

Doppler Measurements

PV Vmax (m/s)	0.82
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	6.2
TR Vmax (m/s)	2.5
TR PG (mmHg)	25

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with evidence of progression. The mitral valve appears more affected than previous and there is suspicion for a ruptured chord. This would likely explain an increase in MR quantity, as well as mild LA enlargement. The quantity of TR is also increased comparatively; however, the pulmonary pressures measure normal. Finally, the small aortic leak is similar to previous and serial BP monitoring is advised.

These findings are concerning for progression and Pimobendan is recommended as below, even prior to moderate left atrial enlargement. Prognosis is guarded at this stage (B2).

RECOMMENDATIONS

- Institute Pimobendan 0.3mg/kg PO q12h.



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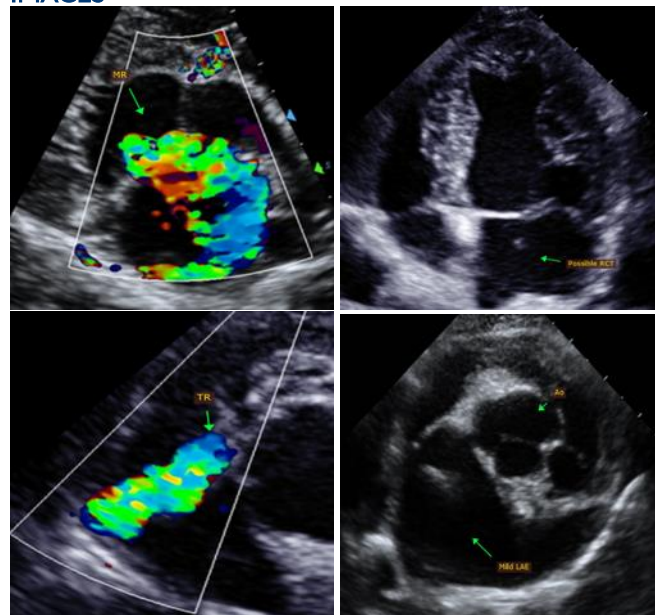
4/25/22

- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Once on Pimobendan for 3-5 days, 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.

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