



PATIENT

Mr. Soups Newbury

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Male Neutered

AGE

10 years

WEIGHT

8.05lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDMS

HOSPITAL NAME

Mashpee Veterinary
Hospital

REFERRING VET

Dr. Oldham

INVOICE

23873

DATE

4/25/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B1. Currently, he is having excessive coughing and hacking. April 12, 2022: presented to ER for increased respiratory rate and effort - suspected CHF. He was admitted for 24 hours of hospitalization and oxygen supplementation (owner declined diagnostics at that time). Medications started: Sildenafil 20 mg, 1/4-tab q8h; Pimobendan 1.25 mg, 1/2-tab q12h; Lasix 12.5 mg, 1/2 tab q12h. -Pertinent previous echo findings (11/1/19 MML): LA 1.5 cm; LA:Ao 1.15; LV 2.23 cm; normal LA size; trace MR/TR.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: Moderate LV dilation with hyperdynamic myocardial function.

Left atrium: The left atrium is severely dilated.

Mitral valve: Diffuse thickening of mitral valve leaflets with marked prolapse into the left atrial lumen. 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 RV dilation.

Right atrium: Mild right atrial dilation.

Tricuspid valve: The tricuspid valve appears thickened, with mild tricuspid regurgitation. Borderline velocity consistent with no pulmonary hypertension.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. The MPA appears mildly dilated. Normal pulmonic outflow velocities with laminar flow. No PI.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 170bpm.

2-Dimensional Measurements

Ao diam (cm)	1.2
LA diam (cm)	2.4
LA:Ao (Swe)	2.0
IVS thickness (cm)	0.56
LVID diastole (cm)	3.1
PW thickness (cm)	0.54
LVID systole (cm)	1.1
FS (%)	64

Doppler Measurements

PV Vmax (m/s)	0.82
AoV Vmax (m/s)	0.96
MR Vmax (m/s)	4.7
TR Vmax (m/s)	2.7
TR PG (mmHg)	30

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with evidence of significant progression. Severe mitral and mild tricuspid regurgitation are both increased with development of severe left heart enlargement. No significant pulmonary hypertension is noted, and no additional issues are identified. While significant progression is always concerning, this is not necessarily surprising given the timeframe.

These findings would suggest the prior clinical signs were likely due to congestive heart failure and continued lifelong support is recommended as below. No pulmonary hypertension is identified, and this medication can be safely discontinued.



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The average survival time of canine patients with active pulmonary edema is 8-9 months on medications, however they generally are able to maintain a good quality of life for that period. Patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

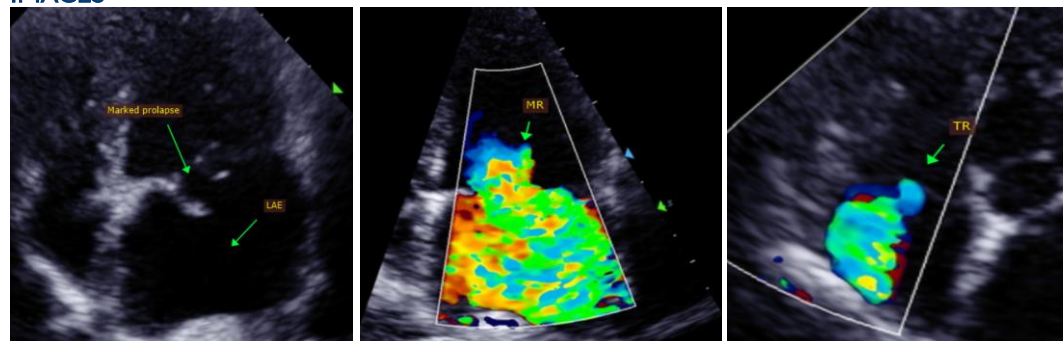
RECOMMENDATIONS

- Continue Lasix 1-2mg/kg PO q12h.
- Institute Spironolactone 1-2 mg/kg PO q 12h.
- Continue Pimobendan 0.3 mg/kg PO q12h.
- Discontinue Sildenafil as discussed.
- Cough suppression to improve QOL can also be considered (hydrocodone, 0.2-0.4mg/kg up to q4-6h PRN) for any residual mechanical cough in the face of normal sleeping respiratory rates.
- 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.
- Elective anesthesia is not advised.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

PLAN

- Monitor renal values and BP in 1-2 weeks, then every 3-4 months lifelong. If doing well and BP >130mmHg, institute ACEI 0.5mg/kg PO q12h.
- 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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