



PATIENT

Nugget Coughlan

SPECIES

Canine

BREED

Shih Tuz

SEX

Female Spayed

AGE

12 years

WEIGHT

13.8lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDMS

HOSPITAL NAME

Barnstable Animal
Hospital

REFERRING VET

Dr. Ware

INVOICE

23866

DATE

4/25/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic degenerative valvular disease - Stage B1. Currently, no exercise intolerance or coughing - doing well at home. PE unremarkable. BP: 150mmHg.

*Sedated with torbugesic.

-Pertinent previous echo findings (4/9/21 MML): LA 1.7 cm; LA:Ao 1.2; LV 2.5 cm; normal LA size; mild MR; trace TR (3.0 m/s); mild PAH.

ECHOCARDIOGRAM FINDINGS

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

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

Left atrium: The left atrium is mildly enlarged.

Mitral valve: The mitral valve is diffusely thickened with significant prolapse into the left atrial lumen. Moderate anterior-directed 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: 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 thickened with septal prolapse and mild to moderate tricuspid regurgitation; velocity consistent with mild pulmonary hypertension.

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.

2-Dimensional Measurements

Ao diam (cm)	1.5
LA diam (cm)	2.2
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.69
LVID diastole (cm)	2.8
PW thickness (cm)	0.67
LVID systole (cm)	1.3
FS (%)	54

Doppler Measurements

PV Vmax (m/s)	0.5
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	5.6
TR Vmax (m/s)	3.0
TR PG (mmHg)	36

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with evidence of mild progression. Mitral and tricuspid regurgitation are slightly increased comparatively with increased left heart dimensions. Even with progression, the disease remains within the mild category and pulmonary hypertension is unchanged. No additional issues are noted in this study.

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

RECOMMENDATIONS

- Given persistent B1 disease, no cardiac medications are indicated.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.



PATIENT

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- No cardiac contraindication for general anesthesia prior to chamber enlargement.
- Monitor for development of a 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.

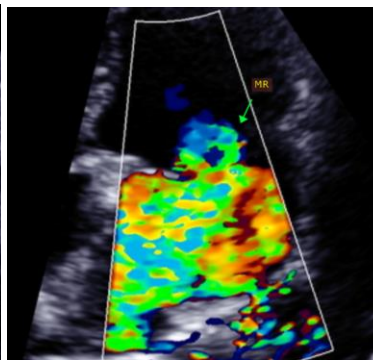
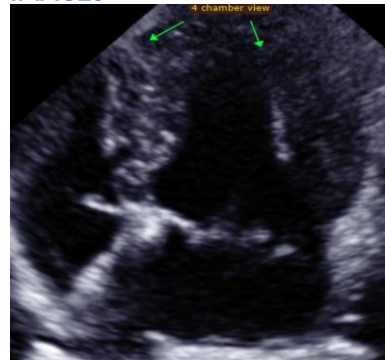
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IMAGES

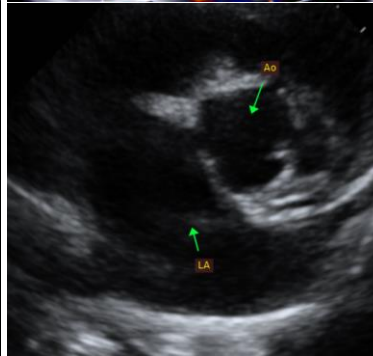
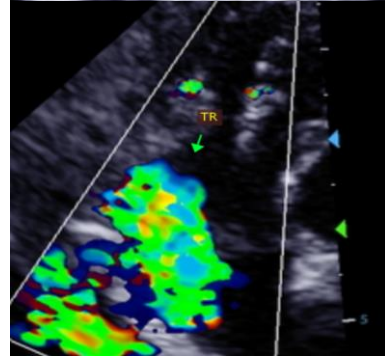
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

HOSPITAL NAME

Barnstable Animal
 Hospital

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.

REFERRING VET

Dr. Ware

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