

PATIENT

Leo Morell

SPECIES

Canine

BREED

Toy Fox Terrier

SEX

Male Intact

AGE

14 years

WEIGHT

6.5lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

30456

DATE

4/26/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage C. Presently, Leo has been coughing. He had chest films 4/6 that were not consistent with CHF so had his Pimobendan increased on the chance he was dealing with some pulmonary hypertension. That did not seem to help so his Torsemide was increased. At this point, his coughing has stopped but Leo has not eaten in 4 days. His respirations have been normal as has his activity. Leo does not have any current C/S/V/D/PU/PD. He is getting repeat lab work today to assess his renal values. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear, mm pink, tacky, CRT<2. BP: 110-120mmHg. Current medications: 1) Torsemide 5mg/ml 0.1mls twice a day 2) Pimobendan/vetmedin 0.94mg 1 capsule three times a day 3) Spironolactone 25mg 1/4 tab twice a day 4) Hydrocodone with homatropine/hycodan 5mg 2 tabs am and pm with 1.5 tabs mid-day *Sedated with propofol for study.

-Pertinent previous echo findings (1/18/23 MML): LA 2.4cm; LA:Ao 1.8; LV 2.6cm; moderate-severe LAE, severe MR, mild LVE, mild-moderate TR (3.1 m/s; 40mmHg).

ECHOCARDIOGRAM FINDINGS

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

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

Left atrium: The left atrium is mild to moderately dilated.

Mitral valve: The mitral valve is diffusely thickened with prolapse into the left atrial lumen. Flail leaflet. Moderate to severe eccentric mitral regurgitation. Normal velocity.

Aortic valve/Aorta: The aortic valve appears thickened with normal outflow velocity; laminar flow. Trace aortic insufficiency.

Right ventricle: Normal right ventricular diameter and morphology.

Right atrium: Normal RA dimension.

Tricuspid valve: The tricuspid valve appears mildly thickened with septal prolapse and mild tricuspid regurgitation. Velocity consistent with early PAH.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. Trace 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 166bpm.

2-Dimensional Measurements

Ao diam (cm)	1.2
LA diam (cm)	2.1
LA:Ao (Swe)	1.8
IVS thickness (cm)	0.7
LVID diastole (cm)	2.0
PW thickness (cm)	0.8
LVID systole (cm)	0.7
FS (%)	65

Doppler Measurements

PV Vmax (m/s)	0.8
AoV Vmax (m/s)	0.9
MR Vmax (m/s)	4.8
TR Vmax (m/s)	2.9
TR PG (mmHg)	34

INTERPRETATION OF THE FINDINGS

Compared to the prior study, findings are similar with evidence of volume depletion. The LA and LV dimensions are decreased comparatively, suggesting the patient may be overly dehydrated. TR is unchanged with mild pulmonary hypertension. No additional issues have developed.



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Given these findings in addition to the history, recommend return the Torsemide to the initial dose. Primary airway disease is suspected, and further respiratory therapy may be warranted. If the patient is in fact significantly azotemic, **diuretics may need to be discontinued for the short-term in order to rehydrate the patient.** There is risk in this; however, clinical azotemia must be corrected. Otherwise, no change to the medications is warranted at this time.

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Prognosis remains poor long-term with end-stage disease. Patient will always be at risk for recurrent CHF, syncope and/or sudden death in the future.

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- Pending renal value assessment, return Torsemide to initial dose with a short discontinuation if necessary.

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- Continue Pimobendan, Spironolactone, and Hydrocodone as prescribed.

- Consider further respiratory evaluation/treatment.

- Monitor BP every 6 months.

- Close monitoring for development of associated clinical signs (development of a progressive cough, labored breathing, exercise intolerance or worsening collapse episodes) is recommended.

- Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF at home.

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- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Mild activity restriction is advised.

- Elective anesthesia is not advised.

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Lamy, DVM
DACVIM (Cardiology)

PLAN

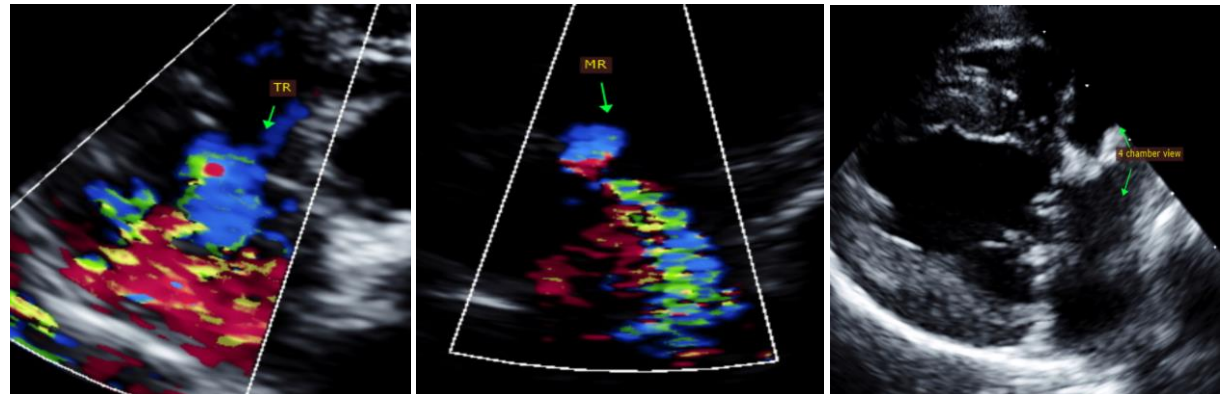
- Recheck renal panel and BP every 4-6 months lifelong.

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

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

IMAGES



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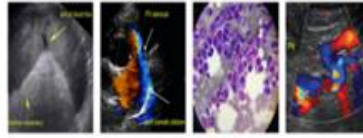
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Services



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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.

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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

Toy Fox Terrier

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

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Male Intact

Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)

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