



PATIENT

Griffin Consolini

SPECIES

Canine

BREED

Terrier Mix

SEX

Male Neutered

AGE

13 years

WEIGHT

14.31lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

23914

DATE

4/27/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage C. Current presentation: Griffin is doing well with a good appetite and activity level. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 180 mmHg x 4. Medications: 1) Pimobendan/vetmedin 1.25mg 1 tab twice a day 2) Enalapril 2.5mg 1 tab twice a day 3) Lasix/furosemide 12.5mg 1/4 tab twice a day 4) Apoquel 5.4mg 1/2 tab daily *No sedation -Pertinent previous echo findings (10/2021 MML): Moderate LAE, moderate MR. LA: 2.5, LA/AO: 1.66, LV: 2.7.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: There is no LV dilation with adequate 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 mitral regurgitation. Normal velocity.

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Trace 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 normal with trace 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 120bpm.

2-Dimensional Measurements

Ao diam (cm)	1.5
LA diam (cm)	2.2
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.58
LVID diastole (cm)	2.9
PW thickness (cm)	0.51
LVID systole (cm)	1.1
FS (%)	62

Doppler Measurements

PV Vmax (m/s)	0.79
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	5.4
TR Vmax (m/s)	2.6
TR PG (mmHg)	27

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with evidence of slight improvement. While the valve morphology appears abnormal with moderate MR, the left heart dimensions are slightly improved compared to the prior study. A small aortic leak is noted and reported blood pressure is elevated. This should be reassessed for persistence going forward. Finally, a tricuspid leak has developed; however, the pulmonary pressures appear unremarkable. No additional issues are identified.

As was mentioned in the prior report, these findings make CHF unlikely as the prior diagnosis. Consider discontinue Lasix at this point versus continue all medications, given that the patient continues to do well. Discussion with the owner is advised.



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Once CHF is diagnosed, the prognosis is poor; however, given what is seen here this patient may do significantly better.

SPECIES

Canine

RECOMMENDATIONS

- Consider continue versus discontinue Lasix as discussed.
- Continue Pimobendan and Enalapril as prescribed.
- Reassess BP as discussed.
- Anesthetic risk is considered moderate and judicious IV fluid rates are advised to avoid fluid overload. Additionally, drugs that stimulate heart rate should be avoided unless clinically necessary (glycopyrrolate, atropine). Avoid vasodilators as this may worsen the obstruction. A reasonable protocol includes opioid/benzodiazepine premedication, propofol induction, isoflurane maintenance.

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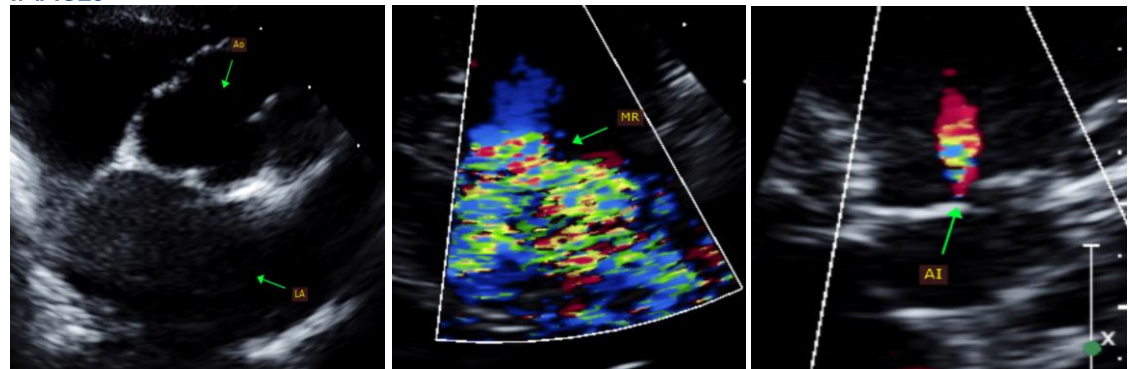
PLAN

- Monitor renal values and BP every 3-4 months.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

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IMAGES



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DACVIM (Cardiology)

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.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

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. Masloski

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Echocardiogram performed by:

Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)

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