



PATIENT

Pedro Woodin

SPECIES

Canine

BREED

Chihuahua

SEX

Male Neutered

AGE

9 years

WEIGHT

20.4lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Eduardo Rodriguez
III, RCS

HOSPITAL NAME

Littleton Animal
Hospital

REFERRING VET

Dr. Brooks

INVOICE

30499

DATE

4/28/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease. History heartworm disease, residual. Presently, Pedro doing well at home. Good appetite and energy level. Coughs when excited. BP: 198,198, 178mmHg. (calm demeanor)
-Pertinent previous echo findings (6/30/22 MML): LA 2.0 cm, LA:Ao 1.2, LV 2.7cm, normal LA size, mild MR, mild-moderate TR (3.3 m/s; 43 mmHg). Mildly dilated on PA and Branches. Moderate pulmonary hypertension.

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 normal.
Mitral valve: The mitral valve is mildly diffusely thickened with no prolapse into the left atrial lumen. Mild eccentric mitral regurgitation. Normal velocity.
Aortic valve/aorta: The aortic valve is normal. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.
Right ventricle: Mild RV hypertrophy.
Right atrium: Mild RA enlargement.
Tricuspid valve: The tricuspid valve appears mildly thickened with mild tricuspid regurgitation; Velocity consistent with moderate pulmonary hypertension.
Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. Trace pulmonic insufficiency. MPA and branches are mildly dilated. 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 100bpm.

2-Dimensional Measurements

Ao diam (cm)	1.6
LA diam (cm)	2.1
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.7
LVID diastole (cm)	2.6
PW thickness (cm)	0.7
LVID systole (cm)	1.1
FS (%)	58

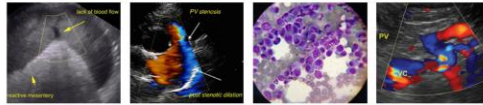
Doppler Measurements

PV Vmax (m/s)	0.9
AoV Vmax (m/s)	1.5
MR Vmax (m/s)	5.3
TR Vmax (m/s)	3.8
TR PG (mmHg)	58

INTERPRETATION OF THE FINDINGS

Compared to the prior study, findings are similar. The mitral leak remains subclinical without left atrial or ventricular enlargement. The tricuspid leak is less apparent than previously noted with stable to slightly progressed pulmonary hypertension. The right heart is not significantly enlarged, suggesting this is remains well compensated for. No additional issues are noted in this study.

Given these findings, no medications are warranted at this time. The cough sounds relatively mild and well controlled; however, continued monitoring/treatment is recommended as needed.



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Prognosis remains guarded overall; however, a lack of progression or clinical signs is certainly a good sign.

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The reported blood pressure is elevated and should be reassessed for accuracy particularly given no reported clinical signs of severe hypertension (retinal changes, etc.) or evidence of LVH on echo. Ideally obtain serial measurements in a controlled, low stress environment and continue until 3 consecutive readings plateau within 5mmHg of variability. If persistently >180mmHg despite a relatively calm demeanor, recommend institution of amlodipine to effect. Additionally, if deemed accurate, screening for predisposing underlying causes of SHT is recommended (Cushing's, PLN, adrenal tumor, etc.), as primary disease is relatively uncommon and a rule out diagnosis.

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RECOMMENDATIONS

- No medications are indicated.
- Continue cough assessment/treatment as dictated by the clinical picture.
- Reassess BP as discussed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- 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.

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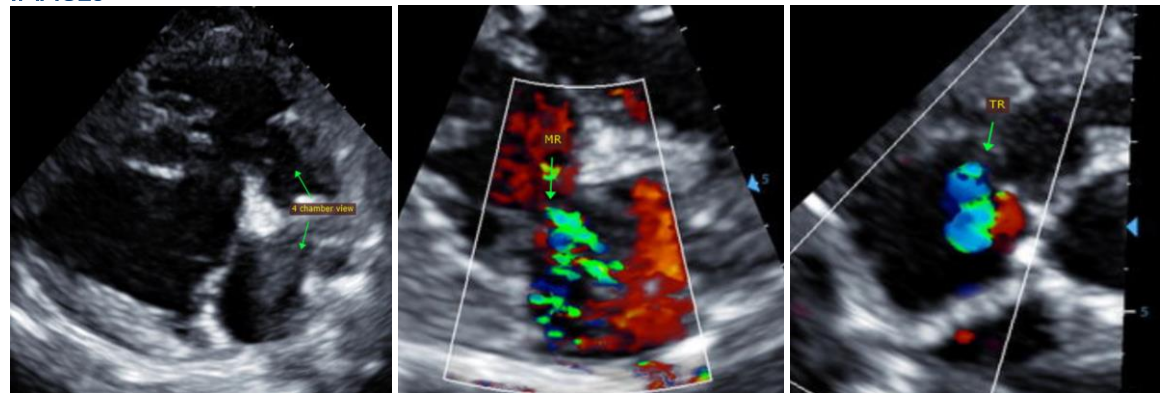
PLAN

- 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.

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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

Chihuahua

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

SEX

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

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