



**PATIENT**

Clemmie Silverman

**SPECIES**

Canine

**BREED**

Pitbull Mix

**SEX**

Female Spayed

**AGE**

4 years

**WEIGHT**

47.7lbs

**PRESENTING CLINICAL SIGNS**

History: Clemmie was treated for heartworm disease prior to being adopted a few years ago. She has a good appetite and maintains a good activity level. On exam: NSR , no murmurs noted, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 130mmHg x 4. Current medications: Pimobendan/vetmedin 10mg 1/2 tab twice a day \*Sedated with propofol for study.

**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 thickened with no prolapse into the left atrial lumen. Trace mitral regurgitation.

**Aortic valve/aorta:** The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

**Right ventricle:** Prominent RV.

**Right atrium:** Prominent RA.

**Tricuspid valve:** The tricuspid valve appears normal with no tricuspid regurgitation.

**Pulmonic valve/pulmonary artery:** The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow. The MPA and branches are severely dilated. No obvious adult worms are appreciated.

**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.

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**2-Dimensional Measurements**

|                    |     |
|--------------------|-----|
| Ao diam (cm)       | 2.6 |
| LA diam (cm)       | 3.1 |
| LA:Ao (Swe)        | 1.2 |
| IVS thickness (cm) | 1.0 |
| LVID diastole (cm) | 3.4 |
| PW thickness (cm)  | 1.1 |
| LVID systole (cm)  | 2.4 |
| FS (%)             | 29  |

**Doppler Measurements**

|                |     |
|----------------|-----|
| PV Vmax (m/s)  | 0.7 |
| AoV Vmax (m/s) | 1.3 |
| MR Vmax (m/s)  | NA  |
| TR Vmax (m/s)  | NA  |
| TR PG (mmHg)   | NA  |

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**INTERPRETATION OF THE FINDINGS**

Overtly normal cardiac dimensions and function. There is suspicion for mild pulmonary hypertension based upon significant MPA dilation and mild right heart enlargement. This is secondary to a prior heartworm infestation, which has reportedly cleared. No additional issues are noted in this study.

**HOSPITAL NAME**

Mass Veterinary Services

**REFERRING VET**

Dr. Masloski

Given that the patient is heartworm negative and has no reported clinical signs, there is no indication for Pimobendan at this time. Should any exertional syncope or dyspnea develop, Sildenafil may become warranted. Dogs with prior heartworm disease can develop lower airway changes as they age, and a cough should be treated as such.

**INVOICE**

30027

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

**DATE**

4/4/23



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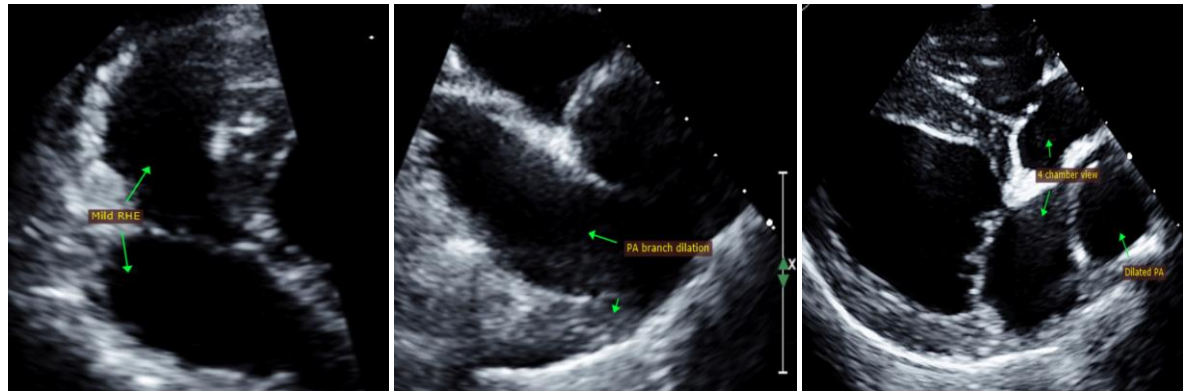
**RECOMMENDATIONS**

- Given these findings, no cardiac medications are indicated and Pimobendan can be safely discontinued.
- If exertional syncope or dyspnea develop, consider a trial of Sildenafil 1-2mg PO q8h and assess response.
- 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.

**PLAN**

- Recommend conservative monitoring with a recheck echocardiogram in 1 year, 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.

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

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