



PATIENT

G G Hachey

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Female Spayed

AGE

15 years

WEIGHT

13.25lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

30071

DATE

4/5/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease, moderate, compensated. History hypothyroidism. Presently, G.G. has frequent, regular coughing with exertion. Sometimes wakes up coughing. Otherwise, normal respirations with a RRR at home of 20. Good appetite. Grade IV/VI systolic murmur; lungs clear. BP: 150-160mmHg. Current medications: 1) Thyroxine 0.4mg 1/2 tab daily 2) Pimobendan/vetmedin 1.5mg 1 tab twice a day 3) Hydrocodone with homatropine/hycodan 5/1.5mg 1/2 tab twice a day 4) Temaril p 1/4 tab every 2 days 5) Glucosamine *No sedation for study.

-Pertinent previous echo findings (7/7/22 (Nancy Morris, DVM, DACVI-C): LA 2.16 cm; LA:Ao 1.90; LV 2.76; moderate LAE/LVE, 2+ MR, 1.5+ TR (2.6 m/s; 43 mmHg), early 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 mildly dilated.

Mitral valve: The mitral valve is diffusely thickened with mild prolapse into the left atrial lumen. Mild to moderate eccentric 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 mildly thickened with mild septal prolapse and mild 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 140bpm.

2-Dimensional Measurements

Ao diam (cm)	1.2
LA diam (cm)	1.8
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.8
LVID diastole (cm)	2.2
PW thickness (cm)	0.9
LVID systole (cm)	0.9
FS (%)	59

Doppler Measurements

PV Vmax (m/s)	0.73
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	4.7
TR Vmax (m/s)	2.7
TR PG (mmHg)	30

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with mild to moderate mitral and mild tricuspid regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. No additional issues are identified, such as pulmonary hypertension. Compared to what is available from the prior study, findings have improved likely due to Pimobendan therapy.

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



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Given these findings, it is reasonable to continue Pimobendan as prescribed. The cough is suspected to be non-cardiac in origin and other possibilities should be considered. This breed is predisposed to primary airway disease and Hydrocodone may be of some benefit.

SPECIES
Canine

RECOMMENDATIONS

- Continue Pimobendan as prescribed.
- Consider primary respiratory cause of coughing.
- 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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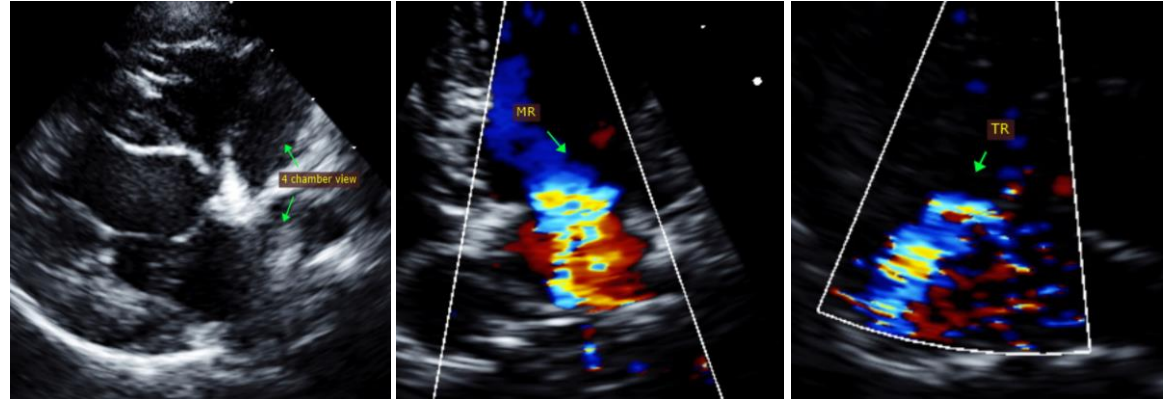
PLAN

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

IMAGES

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Dr. Masloski

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.

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Maggie Machen Lamy, DVM

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Echocardiogram performed by:

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