



PATIENT
Lily Stewart

SPECIES
Canine

BREED
Maltese Mix

SEX
Female Spayed

AGE
11 years

WEIGHT
9.69lbs

INTERPRETED BY
Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan,
RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
30062

DATE
4/5/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Presently, Lily has been noted to be coughing primarily with exertion but sometimes while at rest. She is eating well with normal activity. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 140mmHg x 5. Current medications: 1) Pimobendan/vetmedin 1.25mg 1 tab twice a day 2) Enalapril 2.5mg 1 tab twice a day--- discontinued 3) Lasix/furosemide 12.5mg 1/2 tab daily 4) Diphenoxylate with atropine 1/2 tab twice a day *No sedation for study.
-Pertinent previous echo findings (10/18/22 MML): LA 2.4 cm; LA:Ao 1.7; LV 3.5 cm, severe LAE, LVE, severe MR, moderate TR (2.7 m/s).

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: LV dilation with hyperdynamic myocardial function. LV wall thicknesses are normal.
Left atrium: The left atrium is severely dilated with a horizontal component, not captured on LA/Ao.
Mitral valve: The mitral valve is diffusely thickened with mild prolapse into the left atrial lumen. Lack of coaptation in systole. Severe 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: Mild right ventricular dilation.
Right atrium: Mild RA dilation
Tricuspid valve: The tricuspid valve appears mildly thickened with moderate tricuspid regurgitation. Velocity consistent with mild pulmonary hypertension.
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 130bpm.

2-Dimensional Measurements

Ao diam (cm)	1.2
LA diam (cm)	3.1
LA:Ao (Swe)	2.6
IVS thickness (cm)	0.6
LVID diastole (cm)	3.7
PW thickness (cm)	0.6
LVID systole (cm)	1.4
FS (%)	62

Doppler Measurements

PV Vmax (m/s)	0.73
AoV Vmax (m/s)	1.5
MR Vmax (m/s)	6.2
TR Vmax (m/s)	3.0
TR PG (mmHg)	36

INTERPRETATION OF THE FINDINGS

Compared to the prior study, findings are similar. The left heart is slightly increased comparatively with severe MR. The tricuspid leak appears stable; however, mild pulmonary hypertension has developed. This is not surprising given the severity of disease. No additional issues are identified.

Given these findings, continue Pimobendan and Lasix as prescribed. Consider addition of Spironolactone due to progressive dilation seen here.



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The cough remains multi-factorial in origin and Hydrocodone may be beneficial depending on response to Diphenoxylate.

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Long term prognosis is guarded. Patient will always be at risk for CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

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RECOMMENDATIONS

- Continue Pimobendan 0.3mg/kg PO q12h.
- Continue Lasix 1-2mg/kg PO q12h.
- Institute Spironolactone 1-2mg/kg PO q12h.
- Consider hydrocodone with homatropine for QOL (0.2-0.4mg/kg PO up to q4-6 hours PRN for cough; available in 5/1.5mg tabs and 5mg/5ml liquid suspension).
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF at home.
- Monitor for development of a worsening cough, labored breathing, exercise intolerance or collapse episodes.

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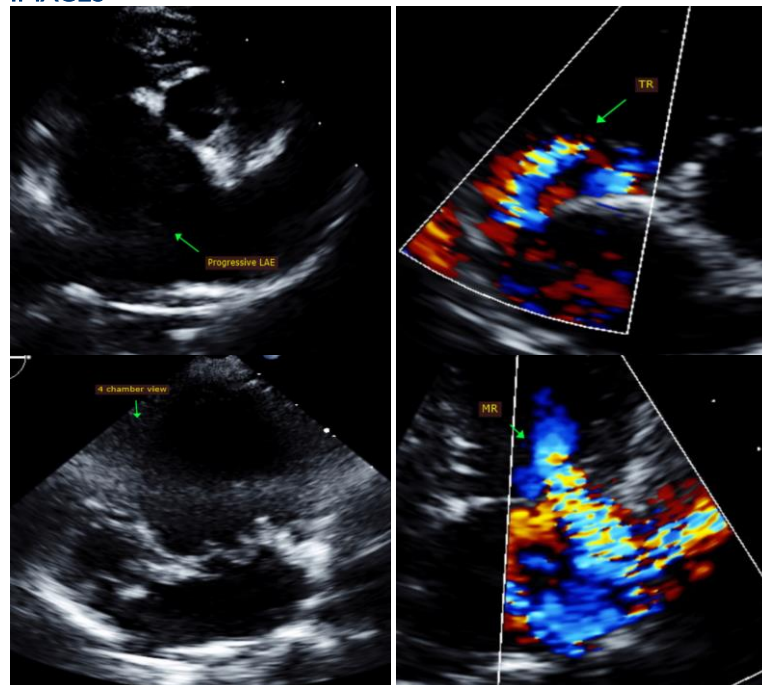
PLAN

- A renal panel is recommended every 3-4 months lifelong.
- A recheck echocardiogram is recommended in 6 months to screen for progression, sooner if clinical signs arise.

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IMAGES



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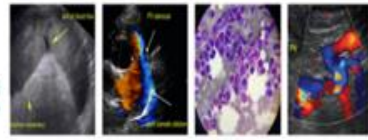
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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Maltese Mix

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Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
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Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)

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