



PATIENT

Hemingway Plante

SPECIES

Canine

BREED

Shih Tzu

SEX

FS

AGE

13 years

WEIGHT

9.2lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

24127

DATE

5/10/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage late B2. Current presentation: Hemingway is presently doing well with only a sporadic cough. Reduced activity level. Snoring a bit more. Good appetite. No dyspnea or exercise intolerance. On exam today: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 150-160 mmHg. Medications: 1) Pimobendan 1.25mg 1 tab twice a day 2) Fish oil every other day 3) Enalapril 5mg 1/2 tab twice a day *No sedation for study -Pertinent previous echo findings (11/9/21 Maggie Machen Lamy, DVM, DACVIM-Cardiology): LA 2.5 cm; LA:Ao 1.9; LV 2.4 cm; severe LAE: severe MR; mild TR (2.9 m/s; 32 mmHg).

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is mildly increased with hyperdynamic myocardial function. LV wall thicknesses are normal.

Left atrium: The left atrium is severely dilated.

Mitral valve: The mitral valve is diffusely thickened with significant prolapse into the left atrial lumen. Severe eccentric mitral regurgitation; normal velocity.

Aortic valve/Aorta: The aortic valve is normal. 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 tricuspid regurgitation; velocity is mildly elevated.

Pulmonary valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 188bpm.

2-Dimensional Measurements

| | |
|--------------------|------|
| Ao diam (cm) | 1.4 |
| LA diam (cm) | 2.5 |
| LA:Ao (Swe) | 1.8 |
| IVS thickness (cm) | 0.54 |
| LVID diastole (cm) | 2.9 |
| PW thickness (cm) | 0.54 |
| LVID systole (cm) | 1.0 |
| FS (%) | 66 |

Doppler Measurements

| | |
|----------------|-------|
| PV Vmax (m/s) | 0.833 |
| AoV Vmax (m/s) | 1.3 |
| MR Vmax (m/s) | 5.8 |
| TR Vmax (m/s) | 3.0 |
| TR PG (mmHg) | 36 |

INTERPRETATION OF THE FINDINGS

Overall, the disease remains stable. MR/TR are unchanged, with stable left heart dimensions and pulmonary pressures. No additional issues are noted in this study.

Given these findings, continue Pimobendan and Enalapril as prescribed with no additional medications clearly indicated. Prognosis remains guarded long-term with risk for progression to CHF in the future.

RECOMMENDATIONS

- Continue Pimobendan and ACE-I as prescribed.



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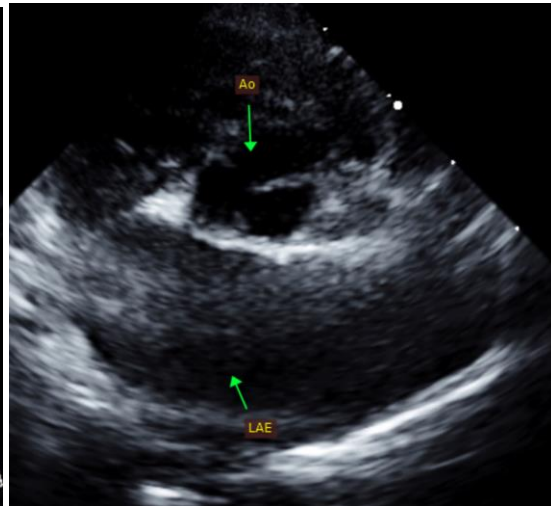
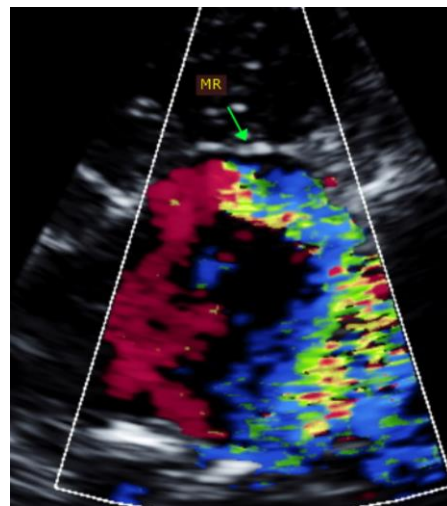
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- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is considered moderately elevated if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone 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 progressive cough, labored breathing, exercise intolerance or collapse episodes.
- Monitoring of sleeping breathing rates is advised as the best way to screen for progression to CHF in the future.

PLAN

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

IMAGES

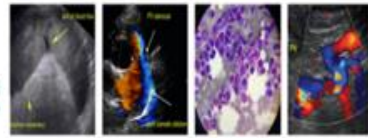


The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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