



PATIENT
Thor Ramos

PRESENTING CLINICAL SIGNS

History: Thor had a collapse event noted in April. He got out of his bed, stretched, fell over, let out a whimper and urinated on the owner when picked up. He was not himself for approximately 10 minutes. A heart murmur was noted at that time (not noted previously). Chest films revealed moderate left sided cardiomegaly. Unremarkable CBC, Chem. 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: 120mmHg x 3. Currently, no medications *No sedation for study.

SPECIES
Canine

BREED
Chihuahua

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV is dilated with hyperdynamic myocardial function. LV wall thicknesses are normal.

SEX
Male Intact

Left atrium: The left atrium is severely dilated.

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

AGE
8 years

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. No obvious hypertrophy.

Right atrium: Mild RA dilation.

Tricuspid valve: The tricuspid valve appears mildly thickened with no tricuspid regurgitation.

WEIGHT
4.31lbs

Pulmonary valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. Trivial 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 160bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	2.3
LA:Ao (Swe)	2.3
IVS thickness (cm)	0.5
LVID diastole (cm)	2.1
PW thickness (cm)	0.5
LVID systole (cm)	0.8
FS (%)	62

Doppler Measurements

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	0.9
MR Vmax (m/s)	5.6
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing severe mitral regurgitation. Significant left atrial and ventricular enlargement indicates there is an elevated risk for spontaneous congestive heart failure. No additional issues are identified.

REFERRING VET

Dr. Masloski

A collapse episode in this patient may certainly have been cardiogenic in origin. That being said, the non-exertional nature would be atypical. Regardless, given the severity of what is seen here in addition to this event, recommend institution of full cardiac support as below, including low dose Lasix therapy. If the episodes recur, further systemic evaluation is recommended, including a holter monitor, CXR, etc.

INVOICE
30710

DATE
5/10/23



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Long term guarded to prognosis is guarded, with risk for progression to CHF in the near future. Once this develops, most dogs are able to maintain a good QOL on medications for an average of 8-12 months.

SPECIES
Canine

RECOMMENDATIONS

- Institute Lasix 1mg/kg PO q12h.
- Institute Pimobendan 0.25-0.3mg/kg PO q12h.
- Institute Spironolactone 1-2mg/kg PO q12h (available in 25 and 50mg tablets).
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Mild activity/stress limitation advised while maintaining QOL.
- Elective anesthesia is not advised.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes. Monitoring of sleeping respiratory rates will be paramount to screen for congestive heart failure at home.

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SEX

Male Intact

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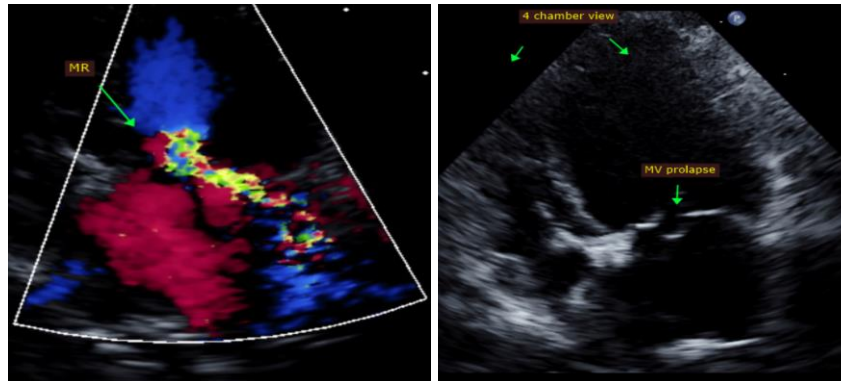
PLAN

- Monitor renal values and BP in 1-2 weeks. If doing well at home with no persistent episodes, institute ACE-Inhibitor 0.5mg/kg PO q12h.
- Monitor renal values and BP every 3-4 months lifelong.
- Recommend conservative monitoring with a recheck echocardiogram in 4-6 months, sooner if any development of clinical signs.

WEIGHT

4.31lbs

IMAGES



INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

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Services

REFERRING VET

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

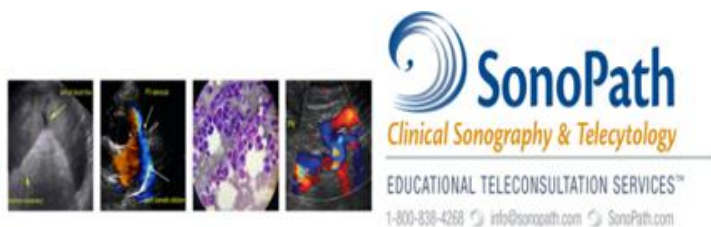
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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Echocardiogram performed by:

Pamela Harrigan, RDCS



Pet Animal Ultrasound Service (4paus.com)

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