



PATIENT

Ping Fielding

SPECIES

Canine

BREED

Japanese Chin

SEX

Female Spayed

AGE

12 years

WEIGHT

14lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mashpee Veterinary
Hospital

REFERRING VET

Dr. Oldham

INVOICE

24218

DATE

5/16/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Currently, cough much worse. Grade IV/VI systolic murmur. Current medications: Tussigon 5 mg, 1/2 q12h; Pimobendan 2.5 mg, 1 q12h. Rads: cardiomegaly; tracheal compression.
- Pertinent previous echo findings (4/9/21 MML): LA 2.58 cm; LA:Ao 1.7; LV 3.9 cm; moderate LAE; borderline LVE; moderate MR; trace TR (2.8 m/s).

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is mildly increased with hyperdynamic 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 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 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)	1.5
LA diam (cm)	3.4
LA:Ao (Swe)	2.3
IVS thickness (cm)	0.68
LVID diastole (cm)	3.9
PW thickness (cm)	0.65
LVID systole (cm)	1.8
FS (%)	54

Doppler Measurements

PV Vmax (m/s)	0.62
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	4.9
TR Vmax (m/s)	3.2
TR PG (mmHg)	40

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with evidence of progression. Moderate mitral regurgitation has become severe with increasing left atrial enlargement. The tricuspid regurgitation is slightly progressed with stable pulmonary pressures. No additional issues are identified.

Given progression to severe disease, consider institution of Spironolactone and an ACE-I as below. There is still no obvious indication for Lasix therapy, unless CHF is confirmed on chest radiographs. Screening films are recommended. Hydrocodone may be useful for quality of life. That being said, there is high risk for decompensation in the future and close monitoring of breathing rates is advised.



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Prognosis remains guarded long-term with risk for spontaneous CHF, development of malignant arrhythmias, and/or sudden death in the future.

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RECOMMENDATIONS

- Baseline CXR recommended.
- Continue Pimobendan as prescribed.
- Institute Spironolactone 1-2mg/kg PO q12h.
- Institute ACE-I 0.5mg/kg PO q12h.
- Consider Hydrocodone for quality of life.
- Elective anesthesia is not advised.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

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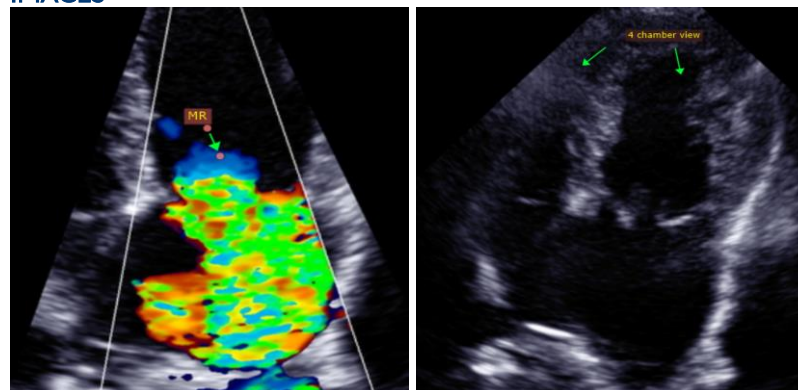
PLAN

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

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IMAGES



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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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Pamela Harrigan,
 RDCS

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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 Hospital

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