



**PATIENT**

Pee Wee Magao

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**SEX**

Female Spayed

**AGE**

11 years

**WEIGHT**

7.9lbs

**INTERPRETED BY**

Maggie Machen Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Foster Veterinary Clinic

**REFERRING VET**

Dr. Hattan

**INVOICE**

24344

**DATE**

5/23/22

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History chronic valvular disease - Stage B2. Currently Pee Wee has intermittent coughing; otherwise, doing well at home.

-Pertinent previous echo findings (11/22/21 Maggie Machen Lamy, DVM, DACVIM-Cardiology): LA 2.2 cm; LA:Ao 1.8; LV 2.9 cm; moderate LAE; moderate MR; moderate TR (3.4 m/s; 36 mmHg); moderate pulmonary hypertension.

**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 moderately 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 120bpm.

**2-Dimensional Measurements**

Ao diam (cm)	1.2
LA diam (cm)	2.3
LA:Ao (Swe)	1.9
IVS thickness (cm)	0.7
LVID diastole (cm)	2.6
PW thickness (cm)	0.7
LVID systole (cm)	0.9
FS (%)	65

**Doppler Measurements**

PV Vmax (m/s)	0.76
AoV Vmax (m/s)	1.5
MR Vmax (m/s)	5.2
TR Vmax (m/s)	3.2
TR PG (mmHg)	40

**INTERPRETATION OF THE FINDINGS**

Chronic degenerative valve disease persists with relative stability. While the MR appears quantitatively increased, the left heart dimensions are essentially unchanged. Pulmonary pressures are stable, and no additional issues are identified.

Given these findings, continue Pimobendan as previously recommended. Additionally, a baseline BP is recommended with institution of an ACE-I if >150mmHg. Continued assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).

**RECOMMENDATIONS**

- Administer Pimobendan 0.3mg/kg PO q12h.
- Baseline BP recommended, if >150mmHg, institute ACE-I 0.5mg/kg PO q12h.



**PATIENT**

Pee Wee Magao

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**SEX**

Female Spayed

**AGE**

11 years

**WEIGHT**

7.9lbs

**INTERPRETED BY**

Maggie Machen  
 Lamy, DVM  
 DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
 RDCS

**HOSPITAL NAME**

Foster Veterinary  
 Clinic

**REFERRING VET**

Dr. Hattan

**INVOICE**

24344

**DATE**

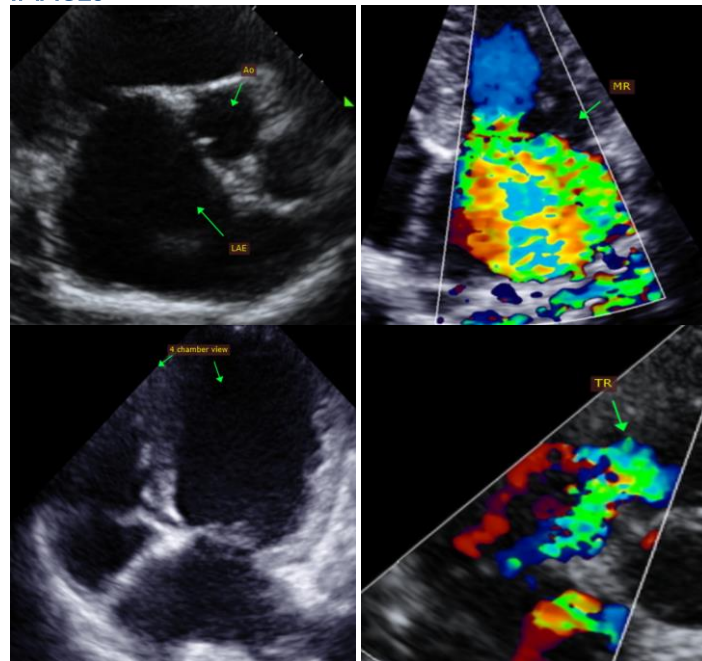
5/23/22

- 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.

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