



PATIENT
Rusty Lefebvre

PRESENTING CLINICAL SIGNS

History: Rusty has been coughing since November. He was initially started on amoxicillin with some improvement. Chest films done in February revealed mild cardiomegaly along with bronchial mineralization - Lasix was started. Some sneezing - has a history of allergies. On exam: NSR, no murmurs noted, PSS, lung fields clear. BP: 140-150mmHg. Medications: Lasix/furosemide 50mg 1/2 tab every other day *No sedation for study. Marked panting throughout study.

SPECIES
Canine

BREED
Brittany Spaniel

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is normal with adequate myocardial function. LV wall thicknesses are normal.

SEX

Left atrium: The left atrium is mildly dilated.

Male Neutered

Mitral valve: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Mild eccentric mitral regurgitation with a normal velocity.

AGE

12 years

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 normal with no tricuspid regurgitation.

WEIGHT

50.3lbs

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 140bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	2.2
LA diam (cm)	3.4
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.99
LVID diastole (cm)	3.6
PW thickness (cm)	0.97
LVID systole (cm)	2.1
FS (%)	42

Doppler Measurements

PV Vmax (m/s)	0.75
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	5.3
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 mild mitral regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. No concurrent issues such as pulmonary hypertension are noted in this study.

REFERRING VET

Dr. Masloski

Given these findings, the cough is noncardiac in origin and Lasix should certainly be discontinued. Further primary respiratory causes should be considered. Consider further respiratory work up/treatment (hydrocodone, taper course of steroids, Enrofloxacin, TTW/BAL, etc.).

INVOICE

24389

Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).

DATE

5/24/22



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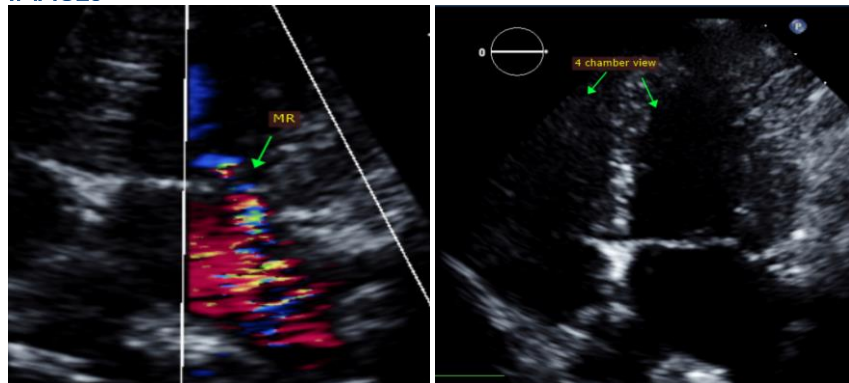
RECOMMENDATIONS

- Given these findings, no cardiac medications are clearly indicated.
- Discontinue Lasix as discussed.
- Further cough evaluation if indicated.
- 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



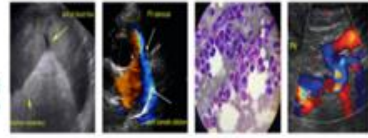
The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Echocardiogram performed by:

Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)



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