



PATIENT

Jaydee Timko

SPECIES

Canine

BREED

Chihuahua

SEX

Female Spayed

AGE

14 years

WEIGHT

9.5lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Sands Hill Mobile
Veterinary Ultrasound

HOSPITAL NAME

Sands Hill Mobile
Veterinary Ultrasound

REFERRING VET

Dr. Carrell

INVOICE

24427

DATE

5/26/22

PRESENTING CLINICAL SIGNS

History: History of heart murmur and has been on medication since 2017. 5/23 Collapsed on a short walk, no coughing, recovered fairly quickly. Grade 3-4/6 murmur.

-Current medications: Pimobendan 1.25mg 1/2-tab BID, Enalapril 2.5mg 1/2-tab BID.

-Abnormal PE/Chem/CBC/UA Results: 5/26 Retic 113, Plat 602, Lipase 315, Renal values WNL.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.
Mild cardiomegaly. No obvious evidence of CHF.

ECHOCARDIOGRAM FINDINGS

***Atypical chest confirmation impedes image acquisition**
2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets with minimal prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with moderate left atrial dilation. No LV dilation with adequate myocardial function. The tricuspid valve appears thickened with mild septal prolapse and mild to moderate tricuspid regurgitation. Velocity consistent with early pulmonary hypertension. No significant right heart enlargement. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. No obvious aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses.

CARDIAC CHART

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	NM	3.1	1.8	1.7	53	86	NM
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LA 2D short axis Base view (cm)	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
PATIENT	160	1.4	0.96	4.3	1.8	2.0	0.9
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
BODY WEIGHT DEPENDENT PARAMETERS				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>				10	1.50 (3.8)	3.27 (3.5)	2.06 (3.1)
				15	1.83 (2.0)	3.71 (2.4)	2.43 (2.1)
				20	2.02 (1.9)	4.14 (2.2)	2.80 (2.0)
				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
				40	2.62 (5.2)	5.48 (6.1)	3.96 (5.4)
				50	2.88 (7.1)	6.07 (8.3)	4.46 (7.4)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease causing moderate mitral and mild to moderate tricuspid regurgitation. Moderate left atrial enlargement indicates current relative stability with risk for progression to spontaneous congestive heart failure in the future. The tricuspid valve is



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significantly affected; however, the leak is relatively small and only early pulmonary hypertension is appreciated. No additional issues are noted at this time.

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No definitive cardiac cause for the episode is seen in this study (i.e., no significant PAH, no obvious rupture or tears, reasonable cardiac output, etc.) and other causes should be considered. These possible causes include vasovagal events, intermittent arrhythmias, neurologic/systemic issues, etc. Further systemic evaluation may also be considered, such as AUS, blood pressure, ECG, etc. particularly if the episodes persists.

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Given these findings, it is responsible to continue Pimobendan given the degree of disease and risk for progression. An ACE-I is of unknown benefit at this juncture; however, pending BP assessment is likely of no negative impact.

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Omega fatty acid supplementation and mild salt restriction may also be of some long-term benefit. Monitor for development of a progressive cough, labored breathing, exercise intolerance or collapse episodes.

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PLAN

Baseline BP. Continue 0.3mg/kg BID. Consider further evaluation as discussed.

WEIGHT

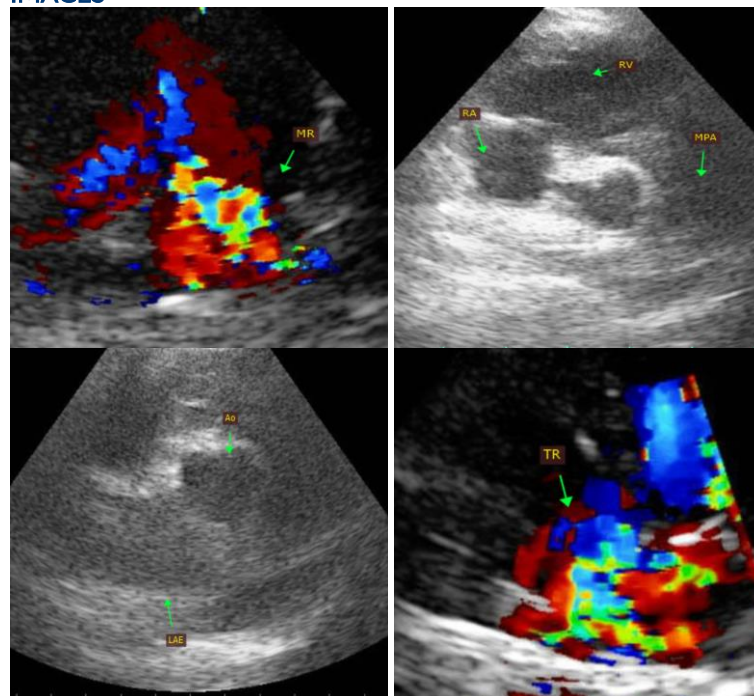
9.5lbs

Recommend monitor for progression 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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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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info@sonopath.com

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