



PATIENT

Max Driscoll

SPECIES

Canine

BREED

Maltese

SEX

Male Neutered

AGE

10 years

WEIGHT

13.9lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Recheck echo. History mild chronic valvular disease. Max's cough has improved on the Hycodan. Collapsing trachea. Eating well with normal activity. No collapse episodes or exercise intolerance. On exam today: NSR, grade III-IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 180mmHg x 5. Current medications: 1) Pimobendan 3.75mg 1/3 tab twice a day 2) Lasix 12.5mg 1/2 tab twice a day 3) Enalapril 2.5mg 1/2 tab twice a day 4) Spironolactone 12.5mg 1/2 tab twice a day----stopped 5) Hydrocodone with homatropine/hycodan 5/1.5mg----stopped, nauseous on this.

-Pertinent previous echo findings (4/14/21 MML): LA 2.1 cm; LA:Ao 1.6; LV 2.37 cm; mild LAE; mild MR; mild TR (2.3 m/s). *No sedation for study.

ECHOCARDIOGRAM FINDINGS

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

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

Left atrium: The left atrium is mildly dilated.

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

Pulmonary 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.

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

24477

DATE

5/31/22

2-Dimensional Measurements

Ao diam (cm)	1.2
LA diam (cm)	1.7
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.6
LVID diastole (cm)	2.3
PW thickness (cm)	0.6
LVID systole (cm)	1.3
FS (%)	43

Doppler Measurements

PV Vmax (m/s)	1.0
AoV Vmax (m/s)	1.5
MR Vmax (m/s)	5.8
TR Vmax (m/s)	2.7
TR PG (mmHg)	30

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with evidence of stability. Mild mitral and tricuspid regurgitation are unchanged with no progression in left heart dimensions or development of concurrent issues.

As mentioned previously, there is still no obvious indication of continued Lasix in this case. Consider wean/discontinue as able based upon the clinical picture. Additionally Pimobendan/ACEI are also of debatable benefit at this point and these are also likely unnecessary. If elect to continue the medications, renal values should be closely monitored in this senior patient.



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Prognosis remains guarded long-term; however, stability is certainly encouraging going forward.

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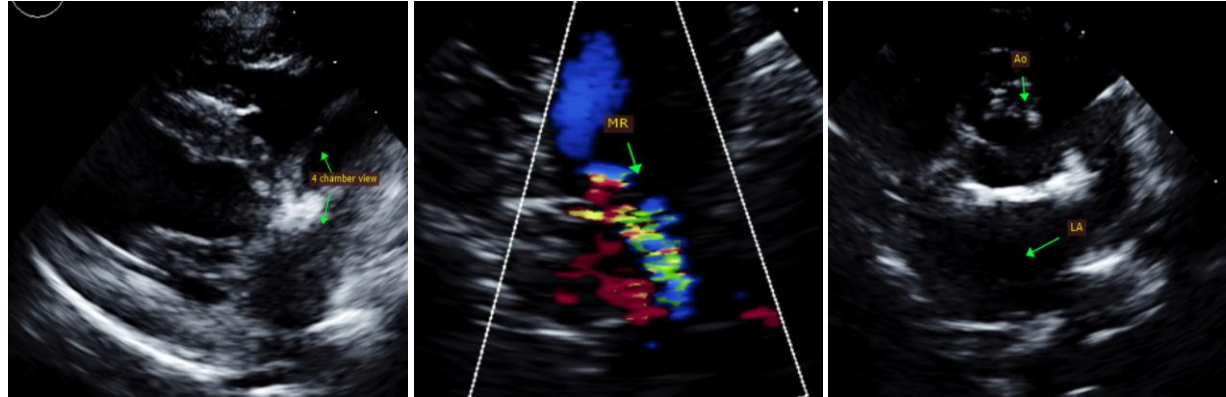
RECOMMENDATIONS

- Consider discontinue medications as discussed. At a minimum monitor renal values every 3-4 months.
- Consider hydrocodone if needed for any tracheal/mechanical cough.
- 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 6-12 months, sooner if any development of clinical signs.

IMAGES



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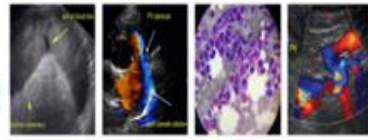
The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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Echocardiogram performed by:

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



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