



PATIENT

Abby Hersh

SPECIES

Canine

BREED

Cavalier

SEX

Female Spayed

AGE

11 years

WEIGHT

16.75lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

24014

DATE

5/4/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage late B2. Current presentation: Abby presented for a recheck echocardiogram on 26th April. She had been coughing with labored breathing. Abby's lung fields were harsh bilaterally with some increased abdominal effort noted. She was given IV Lasix but was not able to be comfortable enough for her echocardiogram, which was discontinued. She was sent to Vet Specs for emergency care for congestive heart failure. Her Lasix was increased, and she was started on sildenafil. She continues to cough, but less so. She also continues to have some labored breathing after she exerts herself. Her appetite is good. On exam today: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields mildly harsh with inspiratory crackles on right mid thorax, mm pink to cyanotic, moist CRT < 2. Current medications: 1) Pimobendan/vetmedin 2.5mg 1 tab twice a day 2) Benazepril 5mg 1/2 tab twice a day 3) Spironolactone 25mg 1/2 tab twice a day 4) Lasix/furosemide 12.5mg 1 tab twice a day 5) Sildenafil 20mg 1/2 tab twice a day PLAN: 1) echocardiogram 2) blood for chem 3) add Lasix 12.5mg 1 tab mid-day while continuing with 1.5 tabs am and pm. 4) continue all other medications as directed. -Pertinent previous echo findings: LA 3.4 cm; LA:Ao 2.0; LV 41 cm; moderate-severe LAE; severe MR; mild-moderate TR (35 m/s; 50 mmHg); mild-moderate PAH. *No sedation for study.

ECHOCARDIOGRAM FINDINGS

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

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

Left atrium: The left atrium is severely dilated with a horizontal component.

Mitral valve: The mitral valve is thickened with significant prolapse into the left atrial lumen. Severe eccentric mitral regurgitation.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. No aortic insufficiency.

Right ventricle: Normal right ventricular diameter and morphology.

Right atrium: Normal RA dimension.

Tricuspid valve: The tricuspid valve appears mildly thickened with moderate tricuspid regurgitation; mildly elevated velocity consistent with moderate pulmonary hypertension

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.

2-Dimensional Measurements

Ao diam (cm)	1.7
LA diam (cm)	3.4
LA:Ao (Swe)	2.0
IVS thickness (cm)	0.7
LVID diastole (cm)	4.2
PW thickness (cm)	0.7
LVID systole (cm)	1.6
FS (%)	62

Doppler Measurements

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	NM
MR Vmax (m/s)	NM
TR Vmax (m/s)	3.7
TR PG (mmHg)	54



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INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with continued progression. The left heart is similar to previous; however, the pulmonary pressures are slightly increased with increased TR. No additional issues identified.

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Given what is seen here, the previous diagnosis of CHF is supported, and continued Lasix is recommended as below. The pulmonary pressures have not significantly improved, despite Sildenafil therapy and increasing the frequency is recommended as below. The patient is reportedly still cyanotic and tachypneic. It is difficult to know the origin of these issues and repeat CXR is strongly recommended. If quality of life suffers, despite medical management, humane euthanasia may have to be considered.

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Continued assessment of progression in the future will help predict long term outcome; however, prognosis is poor once CHF develops (stage C). Unfortunately, the patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

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RECOMMENDATIONS

- Continue Lasix, Pimobendan, Benazepril, Spironolactone as prescribed.
- Increase Sildenafil to 10mg PO q8h.
- Repeat CXR is recommended, if patient continues to have respiratory issues at home.
- Close monitoring for development of associated clinical signs (development of a cough, labored breathing, exercise intolerance or worsening collapse episodes) is recommended. Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF at home.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Mild activity restriction is advised.
- Elective anesthesia is not advised.

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PLAN

- A renal panel is recommended every 3-4 months lifelong.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

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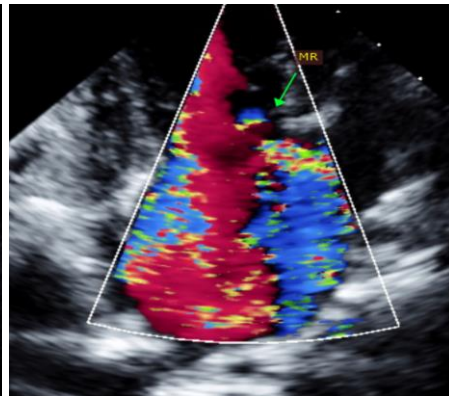
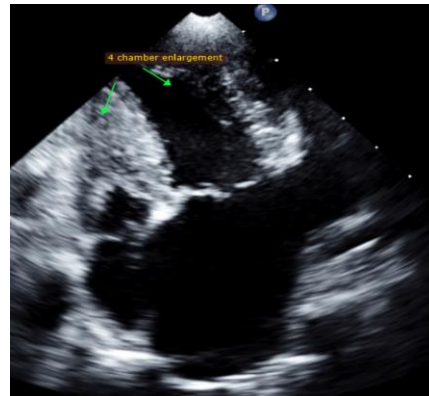
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IMAGES





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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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Canine

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.

BREED
Cavalier

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)

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