



**PATIENT**

Sunny Ulen

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Female Spayed

**AGE**

11 years

**WEIGHT**

27lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

24026

**DATE**

5/4/22

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History chronic valvular disease, advanced. Current presentation: Sunny was doing well but has developed a cough. Eating well and her activity level remains normal. On exam today: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 120-130mmHg. Current medications: 1) Enalapril 5mg 1 tab daily 2) Lasix/furosemide 12.5mg 1.5 tabs daily 3) Pimobendan/vetmedin 3.75mg 1/2 tab twice a day 4) Spironolactone 25mg 1/2 tab twice a day \*Sedated with propofol for study.  
-Pertinent previous echo findings (10/20/21 MML): LA 3.5 cm; LA:Ao 2.1; LV 3.5 cm; severe LAE; significant LVE: severe MR; mild TR (2.0 m/s).

**ECHOCARDIOGRAM FINDINGS**

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

**Left ventricle:** Significant LV dilation with adequate myocardial function.

**Left atrium:** The left atrium is severely dilated and bulbous in appearance.

**Mitral valve:** Diffuse thickening of mitral valve leaflets with mild prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with a decreased velocity.

**Aortic valve/Aorta:** The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

**Right ventricle:** Mild RV dilation.

**Right atrium:** Mild right atrial dilation.

**Tricuspid valve:** The tricuspid valve appears thickened, with trace tricuspid regurgitation.

**Pulmonic valve/Pulmonary artery:** The pulmonic valve is normal in morphology and mobility. The MPA appears mildly dilated. Normal pulmonic outflow velocities with laminar flow. No PI.

**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)	1.9
LA diam (cm)	3.6
LA:Ao (Swe)	2.2
IVS thickness (cm)	0.8
LVID diastole (cm)	3.3
PW thickness (cm)	0.8
LVID systole (cm)	2.1
FS (%)	36

**Doppler Measurements**

PV Vmax (m/s)	0.5
AoV Vmax (m/s)	1.0
MR Vmax (m/s)	4.7
TR Vmax (m/s)	NM
TR PG (mmHg)	NA

**INTERPRETATION OF THE FINDINGS**

Chronic degenerative valve disease persists with evidence of stability. Compared to the prior study, severe mitral and trace tricuspid regurgitation are unchanged. The left heart dimensions are similar, and no obvious additional issues are identified.

Given these findings, continue all medications as previous prescribed. A cough in the absence of respiratory signs, is most likely mechanical in origin and Hydrocodone can be utilized if needed for quality of life. If there is any change in breathing at home, repeat CXR are strongly recommended.

Prognosis remains poor; however, it is encouraging the patient has done this well so far.



**PATIENT**  
Sunny Ulen

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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Canine

**RECOMMENDATIONS**

- Continue 4 medications as prescribed.
- Consider Hydrocodone and CXR as discussed.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.
- Monitoring of sleeping respiratory rates will be paramount to screen for congestive heart failure at home.
- Elective anesthesia is not advised.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

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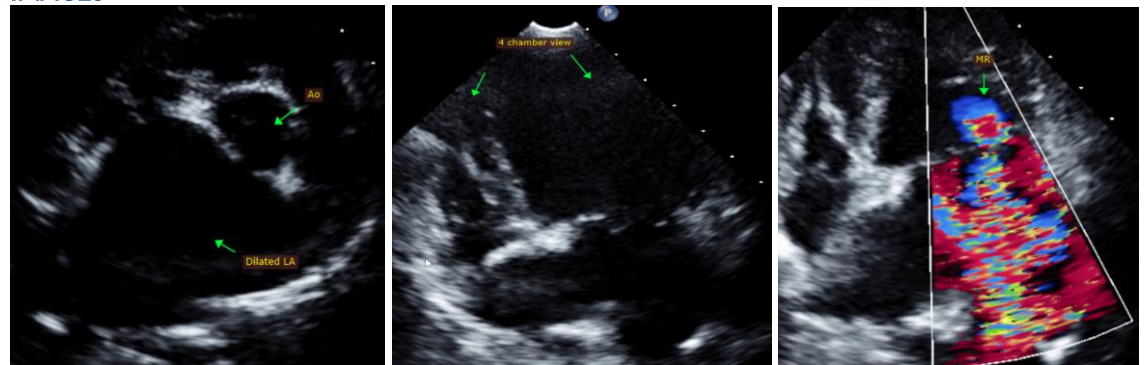
11 years

**PLAN**

- Monitor renal values and BP every 3-4 months lifelong.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

**IMAGES**

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Pamela Harrigan, RDCS

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.

**HOSPITAL NAME**

Mass Veterinary Services

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.

**REFERRING VET**

Dr. Masloski

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**INVOICE**

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Echocardiogram performed by:

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

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