



PATIENT

Mookie Spitz

SPECIES

Canine

BREED

Japanese Chin

SEX

Male Intact

AGE

14 years

WEIGHT

17.2lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

PRESENTING CLINICAL SIGNS

History: Mookie was noted to have a heart murmur in January 2020 when he was seen for diarrhea and otitis externa. He was seen again in June for coughing. Chest films taken a revealed cardiomegaly. Mookie was started on Pimobendan and Lasix. He is eating fairly well. Coughs when excited. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 110mmHg x 4. Medications: 1) Pimobendan/vetmedin 2.5mg 1 tab twice a day 2) Lasix/furosemide 20mg 1/2 tab twice a day *Sedated with propofol for study.

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 25mm/s, 10mm/mV. The average heart rate is 150bpm with a largely regular rhythm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. P and QRS morphologies are positive. Isolated APCs throughout; singles only. No ventricular premature beats, pauses or other dysrhythmias observed. ECG diagnosis: Normal sinus rhythm with isolated APCs.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: Mild LV dilation with hyperdynamic myocardial function.

Left atrium: The left atrium is severely dilated.

Mitral valve: Diffuse thickening of mitral valve leaflets with prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with a 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: Mild RV dilation.

Right atrium: Mild right atrial dilation.

Tricuspid valve: The tricuspid valve appears thickened, with moderate tricuspid regurgitation. Velocity consistent with moderate pulmonary hypertension.

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.

2-Dimensional Measurements

Ao diam (cm)	1.5
LA diam (cm)	3.4
LA:Ao (Swe)	2.3
IVS thickness (cm)	0.7
LVID diastole (cm)	2.8
PW thickness (cm)	0.8
LVID systole (cm)	1.1
FS (%)	60

Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	1.7
MR Vmax (m/s)	4.9
TR Vmax (m/s)	3.6
TR PG (mmHg)	52

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INTERPRETATION OF THE FINDINGS

The cause of the murmur is chronic degenerative valve disease causing severe mitral and moderate tricuspid regurgitation. Severe left atrial enlargement indicates the risk for spontaneous congestive heart failure is elevated. Moderate pulmonary hypertension is



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noted, which is likely secondary to chronic LA pressure elevation. Primary respiratory disease should also be considered. No additional issues are identified.

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The ECG shows occasional single APCs. These are likely due to a combination of atrial enlargement and stress. Given only single beats and a lack of clinical signs (such as syncope), no treatment is warranted. Monitoring is advised going forward.

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In light of the prior clinical signs and severity of disease on echocardiogram, the diagnosis of congestive heart failure is supported, and continued medications are warranted lifelong as below. Sildenafil is not clearly warranted in the absence of exertional syncope or dyspnea; however, cough suppression is advised.

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The average survival time of canine patients with active pulmonary edema is 8-9 months on medications, however they generally are able to maintain a good quality of life for that period. 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

- Administer Lasix 1-2mg/kg PO q12h.
- Institute Spironolactone 1-2 mg/kg PO q 12h.
- Administer Pimobendan 0.25-0.3 mg/kg PO q12h.
- Cough suppression to improve QOL can also be considered (hydrocodone, 0.2-0.4mg/kg up to q4-6h PRN) for any residual mechanical cough in the face of normal sleeping respiratory rates.
- 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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DACVIM (Cardiology)

PLAN

- Monitor renal values and BP in 1-2 weeks, then every 3-4 months lifelong. If doing well and BP >130mmHg, institute ACEI 0.5mg/kg PO q12h.

IMAGING PERFORMED BY
Pamela Harrigan,
RDCS

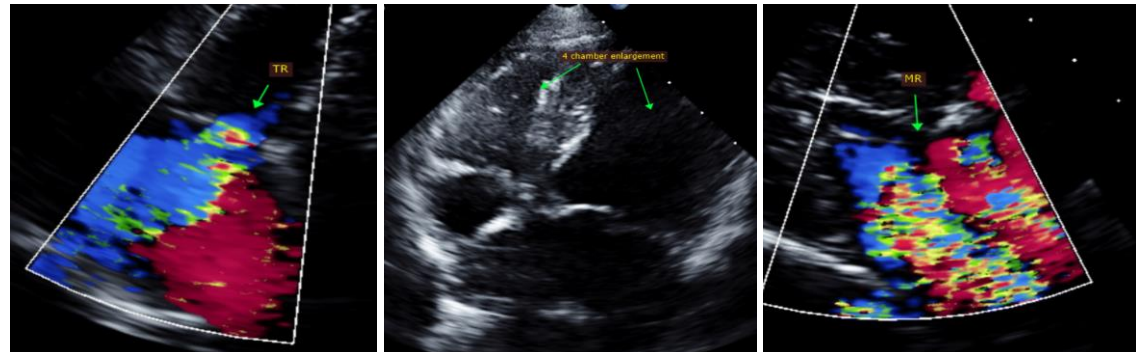
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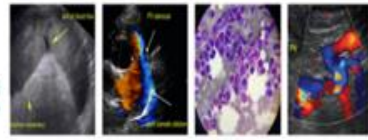
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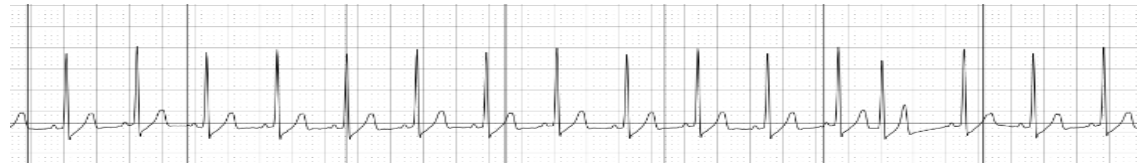
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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