



PATIENT

Dobie Evelyn

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Male Neutered

AGE

13 years

WEIGHT

19.25lbs

PRESENTING CLINICAL SIGNS

History: Dobie is referred for a progressive heart murmur. Coughing daily. Good appetite and normal activity level. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 170-180 mmHg. Medications: 1) Apoquel 3.6mg not currently giving 2) Deramaxx 25mg 1/2 tab daily *Sedated with propofol for study.

ECHOCARDIOGRAM FINDINGS

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

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

Left atrium: The left atrium is normal.

Mitral valve: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Mild 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: 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 thickened with mild septal prolapse and moderate tricuspid regurgitation; normal velocity.

Pulmonic 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 170bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.6
LA diam (cm)	1.9
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.9
LVID diastole (cm)	2.0
PW thickness (cm)	0.9
LVID systole (cm)	1.2
FS (%)	40

Doppler Measurements

PV Vmax (m/s)	0.51
AoV Vmax (m/s)	0.86
MR Vmax (m/s)	4.7
TR Vmax (m/s)	2.0
TR PG (mmHg)	16

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

INTERPRETATION OF THE FINDINGS

The cause of the murmur is chronic degenerative valve disease causing mild mitral and moderate tricuspid regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. The TR quantity is greater than MR, which is somewhat unusual; however, no obvious pulmonary hypertension is identified. No additional issues are noted in this study.

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

Given these findings, the cough is unlikely to be cardiac in origin and primary respiratory causes should be considered. Consider further respiratory work up/treatment (hydrocodone, taper course of steroids, Enrofloxacin, TTW/BAL, etc.).

INVOICE

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Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).

DATE

6/15/22



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RECOMMENDATIONS

- No cardiac medications are clearly indicated.
- 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



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)