



**PATIENT**

Roxy Perkins

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Female Spayed

**AGE**

14 years

**WEIGHT**

9.25lbs

**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: Recheck echo. History chronic valvular disease - Stage B2. Current presentation: Roxy major urinary accidents in the house with some weakness in her hind end. Crying and pacing a fair amount. Her resting respiratory rates at home have been running high at 43-46 then slowing down to barely breathing. Her appetite is off, and she has increased thirst. On exam today: NSR, grade IV/VI murmur with PMI left apical area radiating to right with grade II/VI murmur noted on right, PSS, lung fields clear, no cough with tracheal palpation. BP: 130 mmHg x 4. Medications: 1) Pimobendan/vetmedin 1.25mg 1.5 tabs in am with 1 tab pm 2) Aspirin 5mg 1 tab daily in the evening 3) Vitamin E 200 IU in am 4) Tramadol 50mg 1/4 tab three times a day 5) Hycodan 5mg 1/2 tab three times a day 6) Ursodiol/actigal 75mg 1 tab with food daily 7) Cobalamin 1.5mls weekly 8) Clavamox 62.5mg 1 tab twice a day 9) Proin.  
-Pertinent previous echo findings (10/6/21 Maggie Machen Lamy, DVM, DACVIM-cardiology): LA 2.0 cm; LA:Ao 1.4; LV 3.0 cm; mild LAE; moderate LVE: moderate MR; mild TR (2.0 m/s)  
\*Sedated for exam.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and Doppler imaging is available.  
**Left ventricle:** The LV diameter is decreased with adequate myocardial function. LV wall thicknesses are mildly increased.  
**Left atrium:** The left atrium is mildly dilated.  
**Mitral valve:** The mitral valve is markedly diffusely thickened with mild prolapse into the left atrial lumen. Moderate 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. Trace 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 mildly thickened with mild tricuspid regurgitation.  
**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 130bpm.

**2-Dimensional Measurements**

Ao diam (cm)	1.4
LA diam (cm)	2.1
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.73
LVID diastole (cm)	2.1
PW thickness (cm)	0.73
LVID systole (cm)	0.8
FS (%)	62

**Doppler Measurements**

PV Vmax (m/s)	1.1
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	5.8
TR Vmax (m/s)	NM
TR PG (mmHg)	NA

**INVOICE**

24809

**DATE**

6/15/22

**INTERPRETATION OF THE FINDINGS**

Chronic degenerative valve disease causing mitral and tricuspid regurgitation persists. The degree of disease has not changed significantly, with a moderate mitral leak and mild to moderate left atrial dilation. One confounding difference is the LV appears volume contracted in this study (increased LV wall dimensions with a decreased chamber size), which may suggest dehydration. Baseline lab-work is highly recommended if not recently assessed. No additional issues are noted.



**PATIENT**

No medication changes are indicated. Prognosis remains guarded long-term.

Roxy Perkins

**RECOMMENDATIONS**

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- Continue Pimobendan as prescribed.
- Monitor renal values and BP every 3-4 months lifelong.
- 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.
- Elective anesthesia is not advised.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes. Monitoring of sleeping breathing rates is the best way to assess for recurrent CHF in the future.

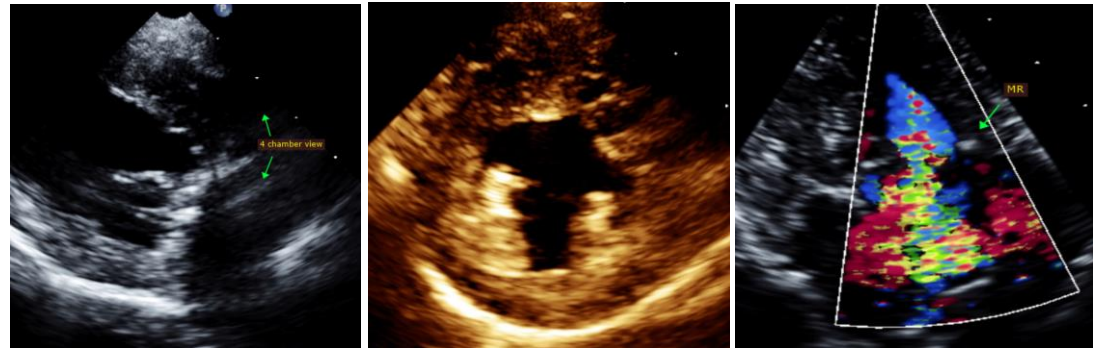
**PLAN**

- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

**IMAGES**

**INTERPRETED BY**

Maggie Machen Lamy, DVM  
DACVIM (Cardiology)



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Pamela Harrigan, RDCS

**HOSPITAL NAME**

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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.

**REFERRING VET**

Dr. Masloski

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.

**INVOICE**

24809

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

**DATE**

6/15/22

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