



PATIENT

Bonnie Fitzpatrick

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Female Spayed

AGE

10 years

WEIGHT

10.8lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Dr. Fitz

INVOICE

24543

DATE

6/2/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. Decreased appetite since diagnosis.

-Current medications: Vetmedin 1.25mg BID, theophylline 50mg SID, Sildenafil 12.5mg BID and Trazodone 12.5mg BID.

-Pertinent previous echo findings (5/2021 MML): Respiratory crisis, no MR, small LH, mild TR, moderate RHE consistent with PAH.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with mild prolapse into the left atrial lumen. No mitral regurgitation with no left atrial dilation. Decreased LV diameter with adequate myocardial function. Increased wall thickness. The tricuspid valve appears thickened and prolapsing with mild tricuspid regurgitation. Velocity consistent with mild pulmonary hypertension. Mild right atrial and ventricular enlargement. Mild RV hypertrophy. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. Mild MPA dilation. No obvious aortic and trace pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses.

CARDIAC CHART

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	NA	3.1	NM	1.2	46	81	NM
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LA 2D short axis Base view (cm)	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
PATIENT	NM	0.8	0.64	4.9	1.3	1.5	0.8
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
BODY WEIGHT DEPENDENT PARAMETERS				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>				10	1.50 (3.8)	3.27 (3.5)	2.06 (3.1)
				15	1.83 (2.0)	3.71 (2.4)	2.43 (2.1)
				20	2.02 (1.9)	4.14 (2.2)	2.80 (2.0)
				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
				40	2.62 (5.2)	5.48 (6.1)	3.96 (5.4)
				50	2.88 (7.1)	6.07 (8.3)	4.46 (7.4)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Compared to the prior study, there is significant improvement in pulmonary hypertension (PAH) and improved right heart enlargement. This is likely due to medication administration which is good news. An alternative explanation would be an acute increase in pulmonary pressures was present previously due to the respiratory crisis, which has now resolved. Regardless, the LV

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remains normal to small and further evaluation may be warranted through routine lab work. No additional issues are identified.

SPECIES

Canine

Given these findings, inappetence is unlikely to be related to cardiac disease. It is possible that the medications are contributing, although difficult to prove. Reasonable to consider a trial discontinuation, one medication at a time, ideally, leaving Sildenafil in place until further reassessment. If any clinical respiratory issues arise with the medication changes, reinstatement is recommended.

BREED

Chihuahua Mix

Prognosis is guarded long-term; however, improvement is certainly a good start.

SEX

Female Spayed

Omega fatty acid supplementation (anti-inflammatory) may be of some long-term benefit. Monitor for worsening of labored breathing, exercise intolerance or collapse episodes.

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PLAN:

If elected, discontinue Theophylline first. If no changes are noted over 2-3 days, discontinue Pimobendan. If any change in breathing pattern, reinstitute as prescribed. If possible, continue Sildenafil going forward; however, a trial discontinuation can also be attempted if needed pending AUS results.

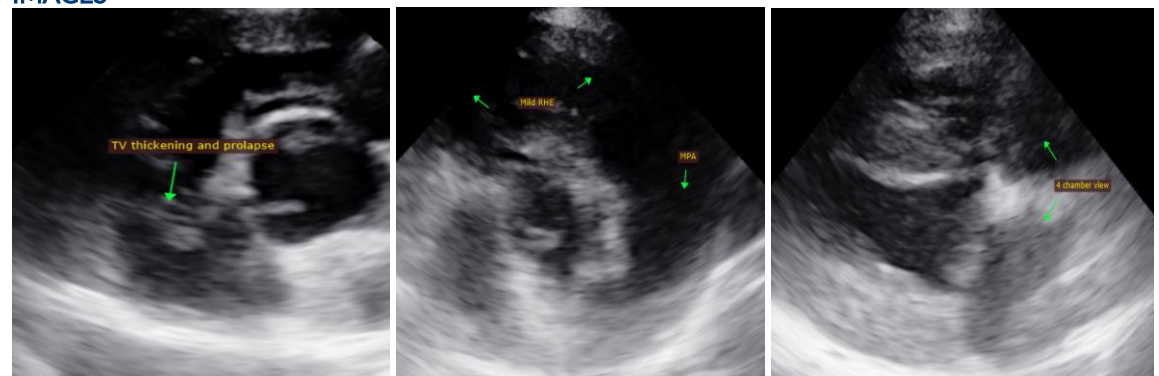
WEIGHT

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Recommend recheck echocardiogram in 6 months to reassess pulmonary pressures, sooner if any development of clinical signs.

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IMAGES**IMAGING PERFORMED BY**

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HOSPITAL NAME

SVS Imaging MI

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. Fitz

Thank you for this referral. 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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