



**PATIENT**

Hennie Jelly

**SPECIES**

Canine

**BREED**

Chihuahua Mix

**SEX**

Male Neutered

**AGE**

5 years

**WEIGHT**

12lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Wignall Animal  
Hospital

**REFERRING VET**

Dr. Detelich

**INVOICE**

24551

**DATE**

6/2/22

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History chronic valvular disease - Stage B2. Currently, doing well at home. Good appetite and energy level. No cough; normal respirations. On exam, grade III/VI systolic murmur. BP: 130-140 mmHg. Current medications: Pimobendan 1.25 mg, 1 T BID. -Pertinent previous echo findings (9/23/21 Maggie Machen Lamy, DVM, DACVIM-Cardiology): LA 1.8 cm; LA:Ao 1.8; LV 2.8 cm; moderate LAE; mild LVE; moderate-severe MR; trivial TR.

**ECHOCARDIOGRAM FINDINGS**

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

**Left ventricle:** Mild LV dilation with hyperdynamic function. LV wall thicknesses are normal.

**Left atrium:** The left atrium is moderate to severely dilated.

**Mitral valve:** The mitral valve is diffusely thickened with moderate prolapse into the left atrial lumen. Moderate to 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. Mild 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 normal with trivial tricuspid regurgitation.

**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 188bpm.

**2-Dimensional Measurements**

Ao diam (cm)	1.1
LA diam (cm)	2.3
LA:Ao (Swe)	2.1
IVS thickness (cm)	0.5
LVID diastole (cm)	3.0
PW thickness (cm)	0.5
LVID systole (cm)	1.5
FS (%)	50

**Doppler Measurements**

PV Vmax (m/s)	0.64
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	5.1
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**INTERPRETATION OF THE FINDINGS**

Chronic degenerative valve disease persists with evidence of slight progression. The left atrium is increased comparatively; however, the remainder of the study is largely unchanged. An aortic leak has developed, and lifelong blood pressure monitoring is advised. No additional issues are identified.

Given these findings, continue Pimobendan as prescribed. Additionally, an ACE-I is recommended, given progression and AI. Continue assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).



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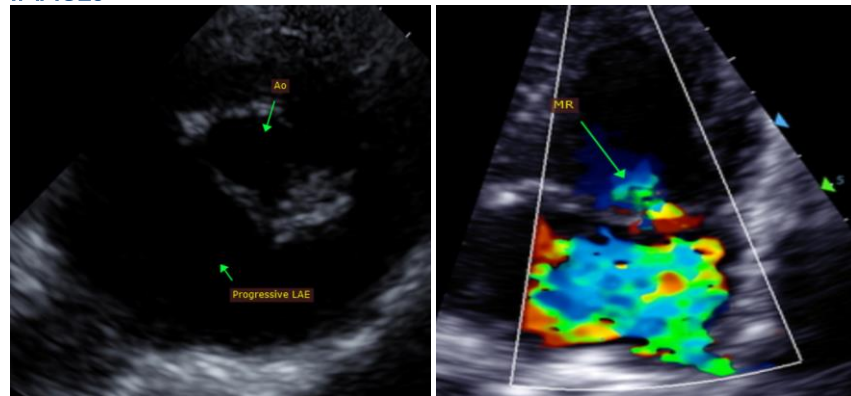
**RECOMMENDATIONS**

- Continue Pimobendan as prescribed.
- Institute ACE-I 0.5mg/kg PO q12h.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is considered moderate 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 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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 info@sonopath.com