



PATIENT

Jake Nolte

SPECIES

Canine

BREED

Chihuahua

SEX

Male Neutered

AGE

12 years

WEIGHT

9.2lbs

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B1. Currently, no significant clinical signs - needs dental prophylaxis. BP: 168, 170, 174 mmHg. No medications.

-Pertinent previous echo findings (5/20/21 Maggie Machen Lamy, DVM, DACVIM-Cardiology): LA 1.3 cm;; LA:Ao 1.1; LV 2.1 cm; normal LA/LV sizes; mild MR; no TR.

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 mildly enlarged.

Mitral valve: The mitral valve is diffusely thickened with mild prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with an elevated 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 normal with no 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 180bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.1
LA diam (cm)	1.9
LA:Ao (Swe)	1.8
IVS thickness (cm)	0.5
LVID diastole (cm)	2.2
PW thickness (cm)	0.5
LVID systole (cm)	1.0
FS (%)	54

Doppler Measurements

PV Vmax (m/s)	0.57
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	6.9
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with evidence of progression. The left atrium and MR are increased comparatively, despite a stable LV. The MR velocity is elevated, and the blood pressure supports this finding. Consider reassess as below. No additional issues are identified.

HOSPITAL NAME

Wignall Animal
Hospital

REFERRING VET

Dr. Colella

Given the combination of issues, Pimobendan is recommended as below. Assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).

INVOICE

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The reported blood pressure is mildly elevated and should be reassessed for accuracy particularly given no reported clinical signs of severe hypertension (retinal changes, etc.) or evidence of LVH on echo. Ideally obtain serial measurements in a controlled, low stress environment and continue until 3 consecutive readings plateau within 5mmHg of

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variability. If persistently >180mmHg despite a relatively calm demeanor, recommend institution of amlodipine to effect. Additionally, if deemed accurate, screening for predisposing underlying causes of SHT is recommended (Cushings, PLN, adrenal tumor, etc.), as primary disease is relatively uncommon and a rule out diagnosis.

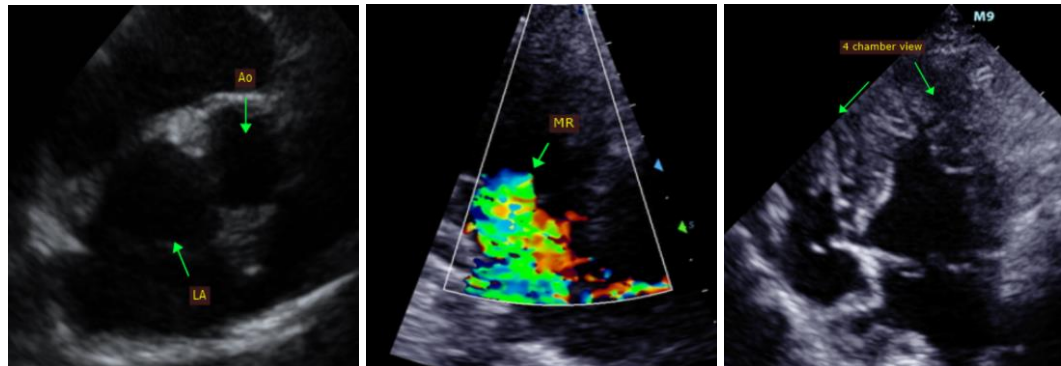
RECOMMENDATIONS

- Institute heart muscle support Pimobendan 0.3mg/kg PO q12h.
- Reassess BP and treat if indicated.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Once on Pimobendan for 3-5 days, 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 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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