



PATIENT

Sherpa Merrigan

SPECIES

Canine

BREED

Tibetan Terrier

SEX

Male Intact

AGE

12 years

WEIGHT

31.6lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

24918

DATE

6/22/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease, stable on prior study. Current presentation: Sherpa continues to cough daily, mostly at night. Hycodan is given at night and does help with the cough. Doing well otherwise with a good appetite and activity level. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 140 mmHg x 4. Current medications: 1) Pimobendan/vetmedin 7.5mg 1/2 tab twice a day 2) Enalapril 5mg 1 tab twice a day 3) Spironolactone 125mg 1/2 tab twice a day 4) Hydrocodone with homatropine/hycodan 5mg 2 tabs in evening *No sedation for study (whining throughout).
-Pertinent previous echo findings (8/10/21 Maggie Machen Lamy, DVM, DACVIM-cardiology): LA 3.6 cm; LA:Ao 2.1; LV 4.9 cm; severe LAE; LVE; severe MR; mild TR (2.4 m/s)

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is increased with hyperdynamic myocardial function. LV wall thicknesses are decreased.
Left atrium: The left atrium is severely dilated.
Mitral valve: The mitral valve is diffusely thickened with significant prolapse into the left atrial lumen. 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 mildly thickened with mild tricuspid regurgitation; normal velocity.
Pulmonary valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. Trace 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 80bpm.

2-Dimensional Measurements

Ao diam (cm)	1.7
LA diam (cm)	3.5
LA:Ao (Swe)	2.1
IVS thickness (cm)	0.7
LVID diastole (cm)	5.2
PW thickness (cm)	0.7
LVID systole (cm)	2.6
FS (%)	50

Doppler Measurements

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	1.5
MR Vmax (m/s)	5.4
TR Vmax (m/s)	2.5
TR PG (mmHg)	25

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with relative stability. While severe, the left heart dilation is similar to previous with severe MR. The aortic leak is mild and BP remains reasonable. No additional comorbidities have developed such as pulmonary hypertension.

Given the severity of disease, continued cardiac support is recommended as prescribed. Consider more frequent hydrocodone dosing to help with a suspected mechanical cough.



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Long term prognosis remains guarded to poor, with most dogs able to be managed on medications with a good QOL for an average of 8-12 months once in CHF. Patient will always be at risk for recurrent CHF, LA tear, development of malignant arrhythmias/sudden death going forward.

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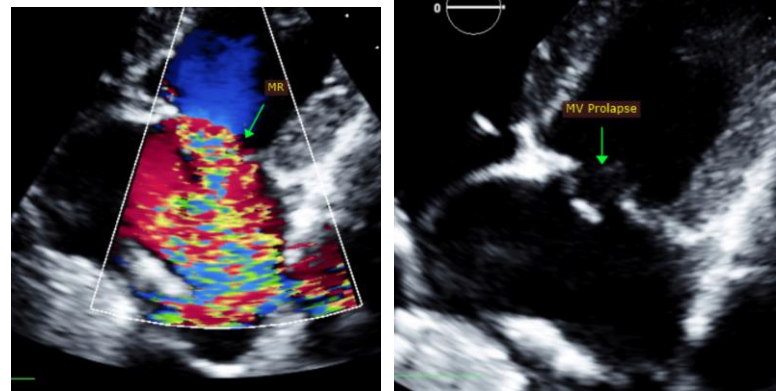
RECOMMENDATIONS

- Continue all medications as prescribed.
- Monitor renal values every 3-4 months lifelong.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Elective anesthesia is not advised.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.
- Monitor sleeping breathing rates at home to screen for development of CHF.

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.

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