



PATIENT

Raphael Calvanese

SPECIES

Canine

BREED

Chihuahua

SEX

Male Neutered

AGE

7 years

WEIGHT

7lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Raphael had a severe coughing episode on 6/24 associated with coughing up some fluid. He was started on Lasix as well as cardalis. Raphael was very lethargic on the 25th but seems to be doing better at this time. On exam: NSR, grade IV/VI murmur with PMI left apical area, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 90-100 mmHg. Current medications: 1) Diphenoxylate with atropine 2.5mg 1/2 tab twice a day 2) Pimobendan/vetmedin 1.25mg 1 tab am with 1/2 tab pm 3) Lasix/furosemide 12.5mg 1 tab daily 4) Cardalis (benazepril 2.5mg/spironolactone 20mg) 2.5mg 1 tab daily *No sedation for study. -Pertinent previous echo findings (2/2023 MML): LA 1.7 cm; LA:Ao 1.6; LV 2.5cm; moderate LAE, moderate MR, mild TR.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is mildly increased with hyperdynamic myocardial function. LV wall thicknesses are normal.

Left atrium: The left atrium is moderately dilated.

Mitral valve: The mitral valve is 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. 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 150bpm.

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.7
LA:Ao (Swe)	1.7
IVS thickness (cm)	0.5
LVID diastole (cm)	2.5
PW thickness (cm)	0.5
LVID systole (cm)	1.1
FS (%)	60

Doppler Measurements

PV Vmax (m/s)	0.8
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	5.5
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

31533

DATE

6/26/23

INTERPRETATION OF THE FINDINGS

Compared to the prior study, findings are similar. Moderate MR is unchanged with stable left heart dimensions. Previously noted TR is not apparent and no additional issues have developed.

These findings would suggest that CHF is an unlikely cause of the recent cough episode.

This is difficult to prove in hindsight as radiographs were not reported. Based upon what is seen here, there is no obvious indication for Lasix nor Cardalis therapy. Potentially a reasonable way to proceed would be to discontinue Lasix only and reassess in an



PATIENT
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additional 6 months. Should the cough return in the interim, baseline CXR are strongly recommended to further understand possible pulmonary pathology.

SPECIES
Canine

Prognosis is guarded long-term with risk for progression in the future.

BREED
Chihuahua

RECOMMENDATIONS

- Continue Pimobendan 0.3mg/kg PO q12h.
- Reasonable to continue Cardalis as prescribed.
- No obvious indication for Lasix based upon these findings.
- Should the cough return, CXR are strongly recommended.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthesia is not advised prior to assessing for progression.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

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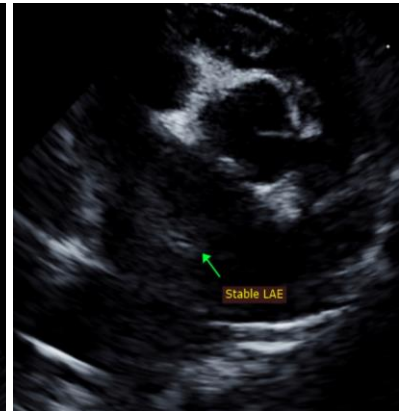
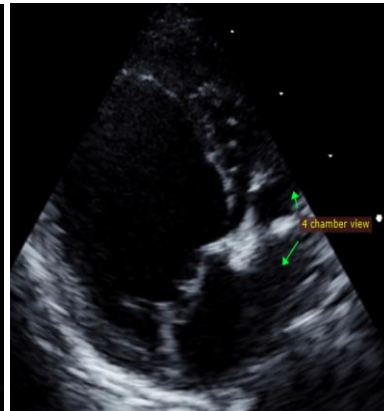
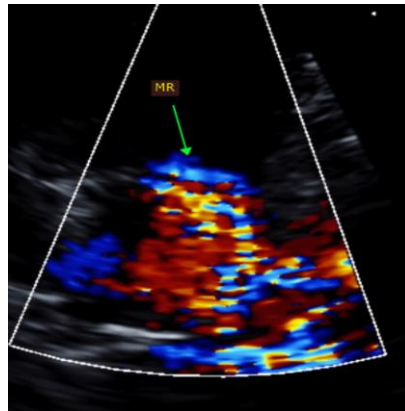
PLAN

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

WEIGHT
7lbs

IMAGES

INTERPRETED BY
Maggie Machen Lamy, DVM
DACVIM (Cardiology)



IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

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.

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DATE
6/26/23

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