



PATIENT

Summer Matos

SPECIES

Canine

BREED

Toy Fox Terrier

SEX

Female Spayed

AGE

14 years

WEIGHT

18.25lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

25036

DATE

6/28/22

PRESENTING CLINICAL SIGNS

History: Presented for labored breathing and coughing. Auscultation difficult due to lung sounds; no murmur heard; lung fields were harsh on inspiration. Started Lasix but signs worsened - discontinued. Started doxycycline. Radiographs: cardiomegaly; redundant tracheal membrane; mild compression of main stem bronchus; mild to moderate broncho-interstitial pattern; diffuse bronchial pattern throughout chest primarily caudal lung fields. BP: 110 mmHg. Echocardiogram to assess for cardiac disease as responsible for clinical signs prior to bronchoscopy. *No sedation for study.

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 normal in dimension.

Mitral valve: The mitral valve is mildly thickened with mild prolapse into the left atrial lumen. Trivial mitral regurgitation.

Aortic valve/Aorta: The aortic valve is mildly thickened with normal mobility. Normal aortic outflow velocity; laminar flow. Moderately aortic insufficiency.

Right ventricle: Normal right ventricular diameter and morphology.

Right atrium: Normal RA dimension.

Tricuspid valve: The tricuspid valve appears mildly thickened with mild tricuspid regurgitation; velocity consistent with mild pulmonary hypertension.

Pulmonary 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 120bpm.

2-Dimensional Measurements

Ao diam (cm)	1.7
LA diam (cm)	2.4
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.7
LVID diastole (cm)	2.5
PW thickness (cm)	0.7
LVID systole (cm)	1.4
FS (%)	44

Doppler Measurements

PV Vmax (m/s)	0.9
AoV Vmax (m/s)	2.1
MR Vmax (m/s)	NA
TR Vmax (m/s)	2.1
TR PG (mmHg)	3.9

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing trivial mitral and mild tricuspid regurgitation. Lack of chamber enlargement indicates the current risk for complication is low. Mild pulmonary hypertension is confirmed, which is likely developing secondary to the chronic cough. Moderate AI is noted, and routine monitoring of blood pressure is recommended (low today). No concurrent issues such as systolic dysfunction are noted in this study. Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).

Given these findings, the cough is certainly non-cardiogenic in origin. Respiratory disease is suspected, based upon the history and CXR results. If the cough is poorly controlled/progresses long term, this can certainly lead to worsening of PAH. Clinical



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signs of significant PAH include exertional dyspnea/collapse. Continued monitoring is advised. Cough control is recommended lifelong (hydrocodone, intermittent AI prednisone, fluoroquinolone for acute flare up, etc.).

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RECOMMENDATIONS

- In a dog without significant left atrial enlargement, no cardiac medications are clearly indicated.
- Continue hydrocodone as needed; consider more aggressive dose/frequency.
- Consider further respiratory work-up/tx as discussed.
- Monitor BP every 6 months due to the significance of the aortic leak.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- No cardiac contraindication for general anesthesia. Pre-oxygenate for five minutes and recover in O2 if possible. Mild IV fluid restriction is advised.
- Monitor for development of a progressive cough, labored breathing, exercise intolerance or collapse episodes.

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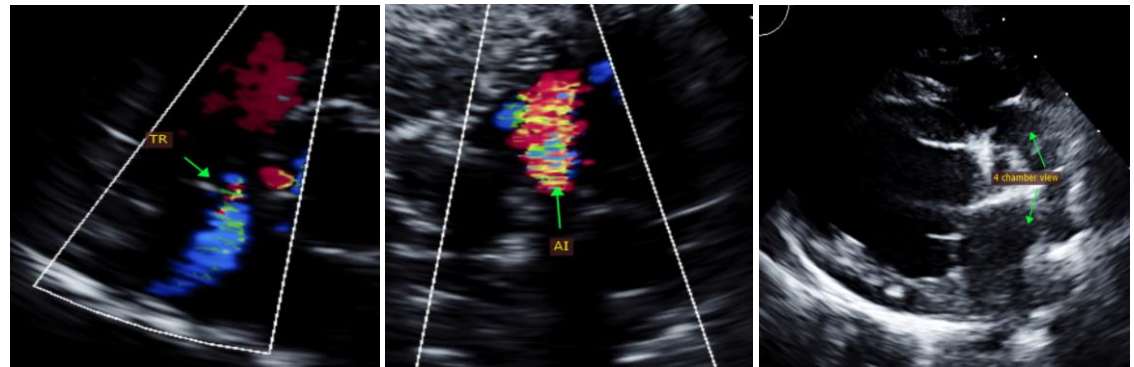
- Recommend conservative monitoring with a recheck echocardiogram in 6-12 months, sooner if any development of clinical signs.

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IMAGES

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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)

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