



PATIENT
Tony Thane Athey

SPECIES
Canine

BREED
Cavalier

SEX
Male Neutered

AGE
11 years

WEIGHT
22.8lbs

INTERPRETED BY
Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Two weeks ago, owner reported Tony Thane had a resting respiratory rate > 30 as well as increased coughing, Lasix was prescribed and there was improvement. Currently, he is doing well; coughing noted at most 3 times a week. He is eating well with normal activity level. On exam: NSR, grade III/VI murmur with PMI left apical area, PSS, lung fields clear, no cough with tracheal palpation. BP: 220 mmHg x 5. 1) Pimobendan/vetmedin 2.5mg 3/4 tab twice a day 2) Enalapril 5mg 1 tab twice a day 3) Lasix/furosemide 12.5mg 1 tab twice a day *No sedation for study.
-Pertinent previous echo findings (9/14/21 Maggie Machen Lamy, DVM, DACVI-Cardiology): LA 2.7 cm; LA:Ao 1.8; LV 3.36 cm; moderate LAE; mild LVE; moderate MR; trace TR (2.0 m/s).

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is mildly increased 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 mild prolapse into the left atrial lumen. Moderate to severe 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 mildly thickened with trace tricuspid regurgitation; normal velocity.
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.

IMAGING PERFORMED BY
Pamela Harrigan,
RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
25030

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6/28/22

2-Dimensional Measurements

Ao diam (cm)	1.7
LA diam (cm)	3.4
LA:Ao (Swe)	2.0
IVS thickness (cm)	0.7
LVID diastole (cm)	3.5
PW thickness (cm)	0.7
LVID systole (cm)	1.7
FS (%)	51

Doppler Measurements

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	5.9
TR Vmax (m/s)	2.5
TR PG (mmHg)	25

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with evidence of mild progression. A slight in mitral regurgitation quantity is noted with increasing left heart dimensions. The tricuspid regurgitation is unchanged without significant pulmonary hypertension. No additional issues are noted.

These findings in light of the history are concerning for congestive heart failure and continued lifelong medications are recommended as below. Lasix can be continued going



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forward with addition of Spironolactone. Hydrocodone can be utilized if needed for quality of life in the face of normal breathing rates.

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The reported blood pressure is 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 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.

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Assessment of progression in the future will help predict long term outcome, however prognosis is guarded to poor once on diuretic therapy (stage C). Unfortunately, the patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

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RECOMMENDATIONS

- Continue Lasix, Enalapril and Pimobendan as prescribed.
- Institute Spironolactone 1-2mg/kg PO q12h.
- Reassess BP as discussed.
- Consider Hydrocodone if needed for quality of life (up to q4-6h PRN).
- Close monitoring for development of associated clinical signs (development of a cough, labored breathing, exercise intolerance or worsening collapse episodes) is recommended.
- Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF at home.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Mild activity restriction is advised.
- Elective anesthesia is not advised.

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PLAN

- A renal panel is recommended every 3-4 months lifelong.
- Recommend recheck echocardiogram in 6 months, sooner if any development of clinical signs.

IMAGING PERFORMED BY
Pamela Harrigan,
RDCS

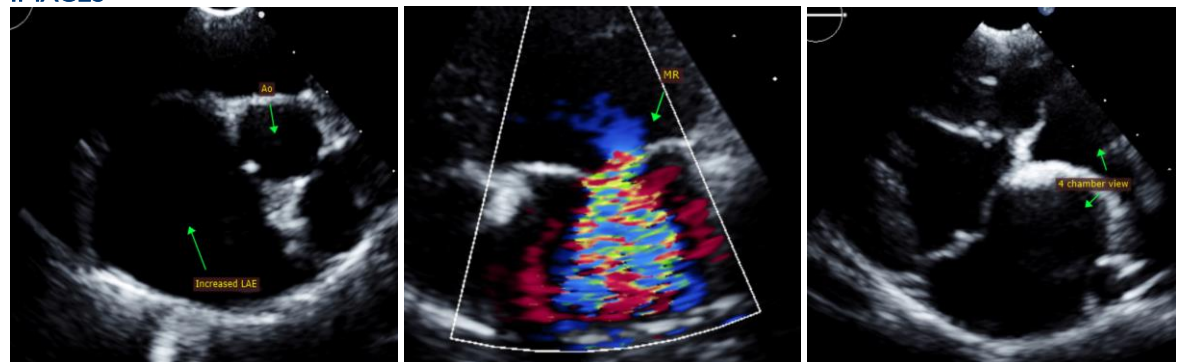
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IMAGES





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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.

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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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Cavalier

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

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