



PATIENT

Mya Tempesta

SPECIES

Canine

BREED

Maltese

SEX

Female Spayed

AGE

12 years

WEIGHT

8.6lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B1. Presented for coughing in April 2022 - radiographs showed mild LAE and collapsing trachea. She was also hypertensive at 200 systolic. Started on Vetmedin 0.32 mg/kg BID and Amlodipine 0.32 mg SID. Hypertension now controlled (140 systolic on recheck). BP today: 130,130, 134mmHg.
-Pertinent previous echo findings : 2/12/21 Maggie Machen Lamy, DVM, DACVIM-Cardiology): LA 1.5 cm; LA:Ao 1.3;LV 2.0 cm; mild LAE; mild MR; mild TR (3.2 cm; 42 mmHg); mild pulmonary hypertension.

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 dilated.

Mitral valve: The mitral valve is thickened with significant 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 mildly thickened with moderate tricuspid regurgitation; velocity consistent with mild pulmonary hypertension.

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 110bpm.

2-Dimensional Measurements

Ao diam (cm)	1.2
LA diam (cm)	1.5
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.64
LVID diastole (cm)	1.9
PW thickness (cm)	0.68
LVID systole (cm)	0.60
FS (%)	68

Doppler Measurements

PV Vmax (m/s)	0.56
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	5.1
TR Vmax (m/s)	2.9
TR PG (mmHg)	33

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Falmouth Animal
Hospital

REFERRING VET

Dr. Switzer

INVOICE

24600

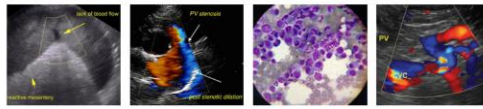
DATE

6/6/22

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with evidence of progression. Moderate mitral and tricuspid regurgitation are both quantitatively increased. Interestingly, the left heart dimensions are unchanged comparatively. Mild pulmonary hypertension is similar to the prior study and no additional issues noted in this study.

These findings would suggest that the prior cough was noncardiac in origin and respiratory disease is considered more likely. Hydrocodone can be utilized if needed for quality of life. Typically, there is no indication for Pimobendan without LA or LVE; however, given the degree of valve abnormality, concurrent PAH and progression in



PATIENT
 Mya Tempesta

quantity, it is reasonable to continue if well tolerated. No additional medications are warranted at this time.

SPECIES
 Canine

RECOMMENDATIONS

- Continue Pimobendan as prescribed.
- Monitor BP every 4-6 months while on Amlodipine.
- Consider Hydrocodone if needed for quality of life.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- 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.

BREED
 Maltese

SEX
 Female Spayed

AGE
 12 years

WEIGHT
 8.6lbs

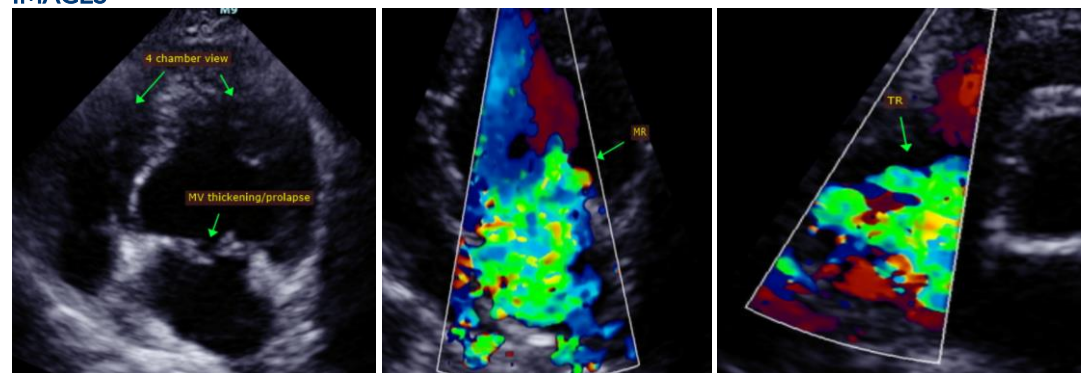
PLAN

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

INTERPRETED BY

Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)

IMAGES



IMAGING PERFORMED BY

Pamela Harrigan,
 RDCS

HOSPITAL NAME

Falmouth Animal
 Hospital

REFERRING VET

Dr. Switzer

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.

INVOICE

24600

Maggie Machen Lamy, DVM
 Diplomat of the American College of Veterinary Internal Medicine (Cardiology)
 info@sonopath.com

DATE

6/6/22