



**PATIENT**

Pearl Giannone

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Female Spayed

**AGE**

8 years

**WEIGHT**

12.76lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History chronic valvular disease - Stage C. Current presentation: Pearl is doing well with a cough noted first thing in the morning but otherwise no other coughing. Good appetite and normal activity level. On exam: NSR, grade III/VI murmur with PMI left apical area, PSS, lung fields clear. BP: 70mmHg x 2; 80mmHg x 3. Current medications: 1) Pimobendan/vetmedin 3.75mg mg 1/3 tab three times a day 2) Benazepril 5mg 1/2 tab twice a day 3) Lasix/furosemide 12.5mg 1 tab twice a day 4) Spironolactone 25mg 1/2 tab twice a day  
\*No sedation for study.

-Pertinent previous echo findings (12/2/21 Maggie Machen Lamy, DVM, DACVIM-Cardiology): LA 3.0 cm; LA:Ao 2.5 ; LV 2.8 cm; severe LAE; severe MR; race TR.

**ECHOCARDIOGRAM FINDINGS**

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

**Left ventricle:** Significant LV dilation with adequate myocardial function.

**Left atrium:** The left atrium is severely dilated.

**Mitral valve:** Mildly thickening of mitral valve leaflets with mild 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. Trace aortic insufficiency.

**Right ventricle:** Mild RV dilation.

**Right atrium:** Mild right atrial dilation.

**Tricuspid valve:** The tricuspid valve appears mildly thickened, with trace tricuspid regurgitation.

**Pulmonic valve/Pulmonary artery:** The pulmonic valve is normal in morphology and mobility. The MPA appears normal. Normal pulmonic outflow velocities with laminar flow. No PI.

**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)	1.2
LA diam (cm)	3.5
LA:Ao (Swe)	2.9
IVS thickness (cm)	0.5
LVID diastole (cm)	3.3
PW thickness (cm)	0.5
LVID systole (cm)	1.0
FS (%)	70

**Doppler Measurements**

PV Vmax (m/s)	0.9
AoV Vmax (m/s)	1.7
MR Vmax (m/s)	4.9
TR Vmax (m/s)	NM
TR PG (mmHg)	NA

**IMAGING**

**PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

24610

**DATE**

6/7/22

**INTERPRETATION OF THE FINDINGS**

Chronic degenerative valve disease persists with severe disease. The left heart dimensions are increased comparatively; however, no additional issues are identified. No obvious concurrent issues, such as pulmonary hypertension are noted.

Given these findings, continue all medications as below. As dose adjustment of Benazepril is recommended due to significant hypotension. Hydrocodone can be utilized if needed for quality of life.



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The prognosis remains poor long-term; however, it is encouraging that the patient is doing well at this time. Patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

**SPECIES**  
Canine

**RECOMMENDATIONS**

- Continue Lasix, Spironolactone and Pimobendan as prescribed.
- Decrease Benazepril to 2.5mg PO q24h.
- Cough suppression to improve QOL can also be considered (hydrocodone, 0.2-0.4mg/kg up to q4-6h PRN) for any residual mechanical cough in the face of normal sleeping respiratory rates.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.
- Monitoring of sleeping respiratory rates will be paramount to screen for congestive heart failure at home.
- Elective anesthesia is not advised.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

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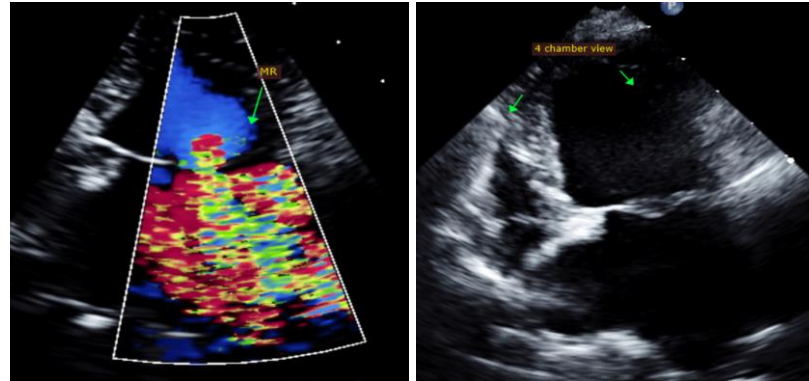
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**PLAN**

- Monitor renal values and BP every 3-4 months.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

**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.

**INVOICE**  
24610

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

**DATE**  
6/7/22

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