



PATIENT

Petra Costa

SPECIES

Canine

BREED

West Highland Terrier

SEX

Female Spayed

AGE

11 years

WEIGHT

25.4lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

24614

DATE

6/7/22

PRESENTING CLINICAL SIGNS

History: Petra was seen at rDVM for coughing; she was also having difficulty climbing stairs. Tends to get winded and tires easily; has OA. Radiographs taken at that time revealed an enlarged heart with some possible right ventricular enlargement. There was also a heavy interstitial almost alveolar pattern in her left and right cranial lung lobes. A heart murmur was noted at that time as well. Petra continues to cough. On exam today: no murmurs noted, PSS, lung fields harsh on inspiration, no cough with tracheal palpation. BP: 140mmHg x 5. No mediations. *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.

Mitral valve: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Mild central mitral regurgitation.

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 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 80bpm.

2-Dimensional Measurements

| | |
|--------------------|-----|
| Ao diam (cm) | 1.4 |
| LA diam (cm) | 2.2 |
| LA:Ao (Swe) | 1.5 |
| IVS thickness (cm) | 0.8 |
| LVID diastole (cm) | 2.9 |
| PW thickness (cm) | 0.8 |
| LVID systole (cm) | 1.6 |
| FS (%) | 45 |

Doppler Measurements

| | |
|----------------|------|
| PV Vmax (m/s) | 0.87 |
| AoV Vmax (m/s) | 1.76 |
| MR Vmax (m/s) | NA |
| TR Vmax (m/s) | NA |
| TR PG (mmHg) | NA |

INTERPRETATION OF THE FINDINGS

Overtly normal cardiac dimensions and function, with no obvious dysfunction or dilation of the left heart. A small mitral leak is noted, which may reflect early valve disease or may simply be physiologic in origin. Follow up is advised. No other significant valvular leaks are visualized with normal chamber dimensions. No additional issues are identified without clinically significant pulmonary hypertension or right heart changes.

No cardiac medications are indicated at this time as the cough appears non-cardiac in origin. Continued work up for infectious/inflammatory respiratory causes is recommended if the cough persists/recurs. This particular breed is predisposed to idiopathic pulmonary fibrosis and a Radiologist review of the films may be beneficial to establish a baseline.



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Poorly controlled respiratory disease can lead to development of pulmonary hypertension over time and monitoring for associated clinical signs is recommended (exertional syncope or dyspnea).

SPECIES
Canine

RECOMMENDATIONS

- No cardiac medications are clearly indicated.
- Consider Radiologist review of the films, further respiratory workup/treatment as discussed.

BREED
West Highland Terrier

- No cardiac contraindication for general anesthesia.
- Monitor for development of a murmur, cough, labored breathing, exercise intolerance or collapse episodes.

SEX
Female Spayed

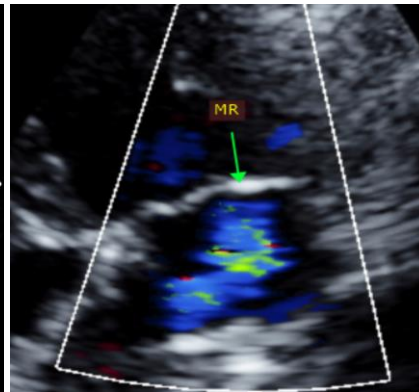
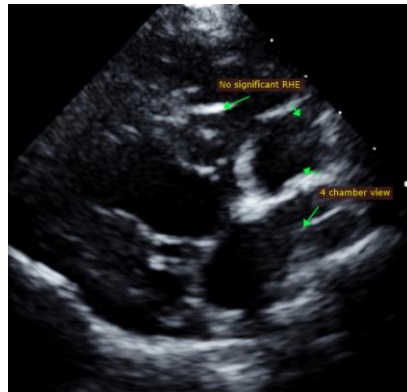
PLAN

Recommend conservative monitoring with a recheck echocardiogram in 1 year, sooner if signs of pulmonary hypertension are noted.

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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.

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

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.

HOSPITAL NAME
Mass Veterinary Services

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REFERRING VET
Dr. Masloski

Echocardiogram performed by:

Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)

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