

PATIENT

Tac Beals

SPECIES

Canine

BREED

Shih Tzu

SEX

Male Neutered

AGE

6 years

WEIGHT

13.75lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

24657

DATE

6/8/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease. Currently, Tac has once weekly episodes where he will breathe hard for 30-60 seconds and be normal. Maintains good appetite and activity level. On exam: NSR, grade III/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 180mmHg x 4. Medications: 1) Pimobendan/vetmedin 7.5mg 1/3 tab twice a day 2) Enalapril 2.5mg 1.5 tabs twice a day 3) Apoquel 3.6mg 1/2 tab daily *Sedated with propofol for study.
-Pertinent previous echo findings (12/8/21 Keith Blass, DVM, DACVIM-Cardiology): LA 2.91 cm; LV 2.79 cm; mild LAE; borderline LVE; moderate MR; mild TR (3.05 m/s); mild pHTN.

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 moderately dilated.

Mitral valve: The mitral valve is diffusely thickened with no prolapse into the left atrial lumen. Moderate anterior-directed 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 mild 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 100bpm.

2-Dimensional Measurements

Ao diam (cm)	1.7
LA diam (cm)	2.8
LA:Ao (Swe)	1.6
IVS thickness (cm)	0.53
LVID diastole (cm)	2.8
PW thickness (cm)	0.55
LVID systole (cm)	1.8
FS (%)	36

Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	1.0
MR Vmax (m/s)	4.2
TR Vmax (m/s)	2.0
TR PG (mmHg)	16

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with moderate mitral and mild tricuspid regurgitation. Compared to what is described in the prior study, there is no evidence of progression. The left heart is unchanged, and the pulmonary pressures have improved on medications. No additional issues are identified.

Given these findings, continue Pimobendan and Enalapril as prescribed. Assessment of progression in the future will help predict long term outcome; however, prognosis is guarded at this stage (B2).



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These findings would suggest the reported respiratory issues are unlikely to be cardiogenic in origin. Consider chest radiographs in this breed predisposed to airway disease.

SPECIES RECOMMENDATIONS

Canine

- Continue Pimobendan and Enalapril as prescribed.
- Consider CXR as discussed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

BREED

Shih Tzu

- 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.

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- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

PLAN

WEIGHT

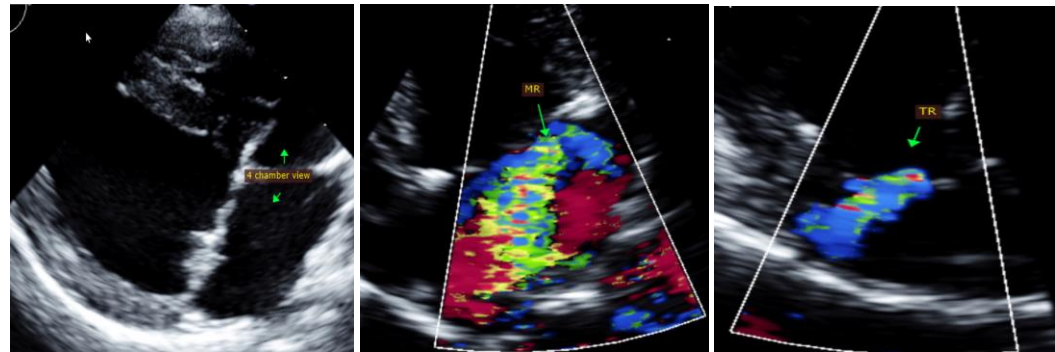
13.75lbs

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

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.

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

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DATE

6/8/22

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