



PATIENT

Coco Fallon

SPECIES

Canine

BREED

Chihuahua

SEX

Female Spayed

AGE

11 years

WEIGHT

7.38lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

31747

DATE

7/10/23

PRESENTING CLINICAL SIGNS

History: Coco was noted to have a heart murmur in May. On the 14th of this month, he was seen for lethargy and hyporexia. Chest films revealed cardiomegaly with soft tissue opacity in his lung fields bilaterally. She was started on Lasix. She is only rarely coughing at this point and has not been lethargic or dyspneic. She is eating well with normal activity level. Has been PU/PD since starting Lasix. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 140 mmHg x5. Current medications: Lasix/furosemide 12.5mg 1/2 tab twice a day (1.7mg/kg) *Sedated with propofol 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 mildly dilated.

Mitral valve: The mitral valve is diffusely thickened with mild prolapse into the left atrial lumen. Mild to 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. Trivial 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 thickened with septal prolaps. 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 136bpm.

2-Dimensional Measurements

| | |
|--------------------|------|
| Ao diam (cm) | 1.2 |
| LA diam (cm) | 1.66 |
| LA:Ao (Swe) | 1.4 |
| IVS thickness (cm) | 0.45 |
| LVID diastole (cm) | 2.1 |
| PW thickness (cm) | 0.47 |
| LVID systole (cm) | 2.9 |
| FS (%) | 45 |

Doppler Measurements

| | |
|----------------|------|
| PV Vmax (m/s) | 0.4 |
| AoV Vmax (m/s) | 0.74 |
| MR Vmax (m/s) | 4.3 |
| TR Vmax (m/s) | 2.2 |
| TR PG (mmHg) | 20 |

INTERPRETATION OF THE FINDINGS

The cause of the murmur is chronic degenerative valve disease causing mild to moderate mitral and mild tricuspid regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. No concurrent issues such as pulmonary hypertension are noted in this study.

Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).



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These findings would suggest CHF is extremely unlikely to have been present, and Lasix can be safely discontinued. Other possible causes of CXR changes should be considered.

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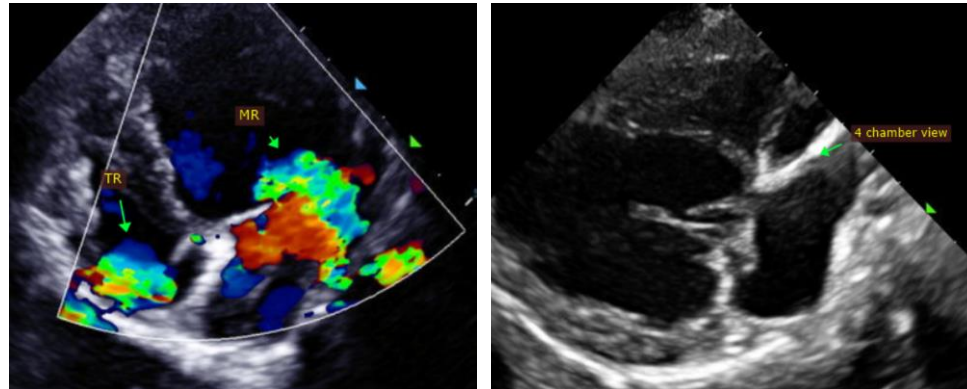
RECOMMENDATIONS

- In an asymptomatic dog without significant left atrial enlargement, no cardiac medications are clearly indicated. **Discontinue Lasix.**
- 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.

PLAN

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

IMAGES



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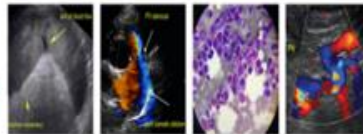
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Maggie Machen Lamy, DVM
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info@sonopath.com

Echocardiogram performed by: Pamela Harrigan, RDCS



Pet Animal Ultrasound Service (4paus.com)

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