



PATIENT

Trinity Kress

SPECIES

Canine

BREED

Dachshund

SEX

Female Spayed

AGE

16 years

WEIGHT

12.31lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

31803

DATE

7/11/23

PRESENTING CLINICAL SIGNS

History: 6/25/2020: Trinity, at age 14, was referred to the New England Veterinary Center for difficulty breathing, which had started suddenly that morning during a walk. There was an infrequent cough, usually after drinking. Quick echocardiogram showed what appeared to be an enlarged heart. Thoracic radiographs showed generalized cardiomegaly with a diffuse, mixed interstitial and alveolar pattern. Thin pleural fissure lines. r/o CHF. Trinity was started on Pimobendan, Lasix, and Enalapril. 7/11/23: Presently, she is doing well as long as she remains on metronidazole to control diarrhea. She has a good appetite and maintains a normal activity level. On exam today: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 100mmHg x 3. Current medications: 1) Pimobendan/vetmedin 1.25mg 1 tab twice a day 2) Lasix/furosemide 12.5mg 1/4 tab twice a day 3) Enalapril 5mg 1/2 tab daily 4) Snip tips every other day 5 Metronidazole/flagyl 50mg 1 tab twice a day *Sedated with propofol for study.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is decreased with moderately increased LV wall thickness.

Left atrium: The left atrium is normal.

Mitral valve: The mitral valve is mildly thickened with minimal prolapse into the left atrial lumen. Mild eccentric mitral regurgitation.

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Mild aortic insufficiency.

Right ventricle: The RV appears volume contracted.

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 120bpm.

2-Dimensional Measurements

Ao diam (cm)	1.8
LA diam (cm)	2.5
LA:Ao (Swe)	1.38
IVS thickness (cm)	0.7
LVID diastole (cm)	1.6
PW thickness (cm)	0.8
LVID systole (cm)	0.6
FS (%)	60

Doppler Measurements

PV Vmax (m/s)	1.6
AoV Vmax (m/s)	1.5
MR Vmax (m/s)	
TR Vmax (m/s)	2.7
TR PG (mmHg)	30

INTERPRETATION OF THE FINDINGS

The cause of the murmur is chronic degenerative valve disease causing mild mitral and tricuspid regurgitation. The overall appearance of the study is most consistent with volume depletion and baseline lab work is recommended. This is likely secondary to Lasix therapy. Other primary issues to consider would be a primary myocardial issue, infiltrative disease, systemic hypertension (not noted in this case), etc. Simple monitoring is recommended. No additional issues are identified.

These findings would suggest the recent episode of respiratory distress was inconsistent with left-sided CHF. A Radiologist review of the prior films may be beneficial; however,



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what is seen here does not warrant continued therapy. If repeat respiratory issues arise, serial CXR are recommended.

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

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RECOMMENDATIONS

- Consider prior diagnosis through a Radiologist review of the films particularly should symptoms recur.
- Discontinue triple therapy.
- Monitor lab work to establish a baseline.
- Serial BP monitoring is advised.
- 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.

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PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 6-12 months, sooner if any development of clinical signs.

IMAGES



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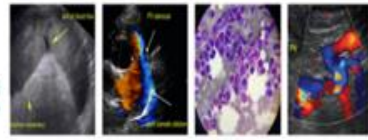
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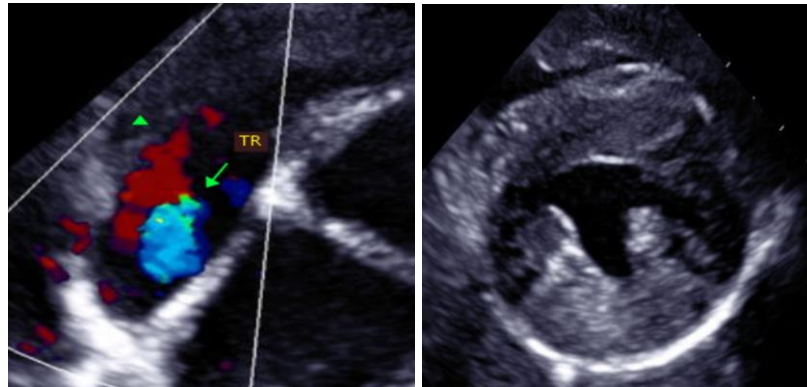
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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Echocardiogram performed by:

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