



PATIENT

Harrison Rhodes

SPECIES

Canine

BREED

Terrier

SEX

Male Neutered

AGE

7 years

WEIGHT

24.9lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

31868

DATE

7/17/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History severe pulmonary hypertension; history right heart failure. Presently, Harrison is doing well at home with a good appetite and normal activity level. He does not have any current C/S/V/D/PU/PD. No recent collapse episodes. He does have an occasional cough with some dyspnea noted in the hot and humid weather. On exam: NSR, Grade IV/VI murmur with PMI left lateral thorax radiating to right with Grade II-III/VI murmur noted on right, PSS, lung fields clear, mm pink, moist, CRT<2. BP:140mmHg x 5 Current medications: 1) Pimobendan 5mg 1/2 tab twice a day 2) Sildenafil 20mg 1 tab three times a day 3) Enalapril 5mg 1 tab twice a day 4) Lasix 50mg 3/4 tab twice a day 5) Spironolactone 25mg 1 tab twice a day 6) Diphenoxylate with atropine 2.5mg 2 tabs twice a day *No sedation for study.

-Pertinent previous echo findings (12/6/22 MML): LA 2.6 cm; LA:Ao 1.5; LV 1.4 cm; Severe RA/RV dilation; RVH, thickened TV, TR Vmax 5.6 m/s; 126mmHg.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is small with adequate myocardial function. LV wall thicknesses are normal.

Left atrium: The left atrium is normal in diameter.

Mitral valve: The mitral valve is normal with no prolapse into the left atrial lumen. Mild 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: Severe RV dilation with severe hypertrophy consistent with pressure overload. Septal flattening in systole.

Right atrium: Severe RA dilation.

Tricuspid valve: The tricuspid valve appears thickened and prolapsing with severe tricuspid regurgitation; velocity consistent with severe pulmonary hypertension.

Pulmonic valve/Pulmonary artery: The pulmonic valve is mildly thickened with normal mobility. Moderate pulmonic insufficiency. Normal RVOT velocity; laminar flow. Severe MPA and branch dilation.

Pericardium/other: Scant pericardial effusion. Small volume pleural and abdominal effusion with hepatic congestion. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 150bpm.

2-Dimensional Measurements

Ao diam (cm)	1.6
LA diam (cm)	2.5
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.7
LVID diastole (cm)	1.8
PW thickness (cm)	0.8
LVID systole (cm)	1.0
FS (%)	45

Doppler Measurements

PV Vmax (m/s)	0.96
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	5.1
TR Vmax (m/s)	4.6
TR PG (mmHg)	83

INTERPRETATION OF THE FINDINGS

Compared to the prior study, the findings are similar. The right heart remains markedly enlarged with significant pulmonary hypertension. Of some concern, the TR pressure gradient has actually improved. Rather than being a positive development, this likely reflects RV failure. Persistent tricavitary effusion is noted and medications should be altered as below. The left disease remains mild and stable, and no additional issues are identified.



PATIENT
Harrison Rhodes

Prognosis is poor to grave; however, it is encouraging the patient is doing well at this time. Patient will always be at risk for recurrent CHF, syncopal episodes and/or sudden death in the future.

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RECOMMENDATIONS

- Consider a thoracocentesis, particularly should any respiratory signs develop.
- A dose increase in Lasix to ¾ tab q8h is recommended.
- Increased Pimobendan to TID dosing.
- Continue Spironolactone, Enalapril and Sildenafil as prescribed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Elective anesthesia is not advised.
- Lifelong activity/stress restriction is advised.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

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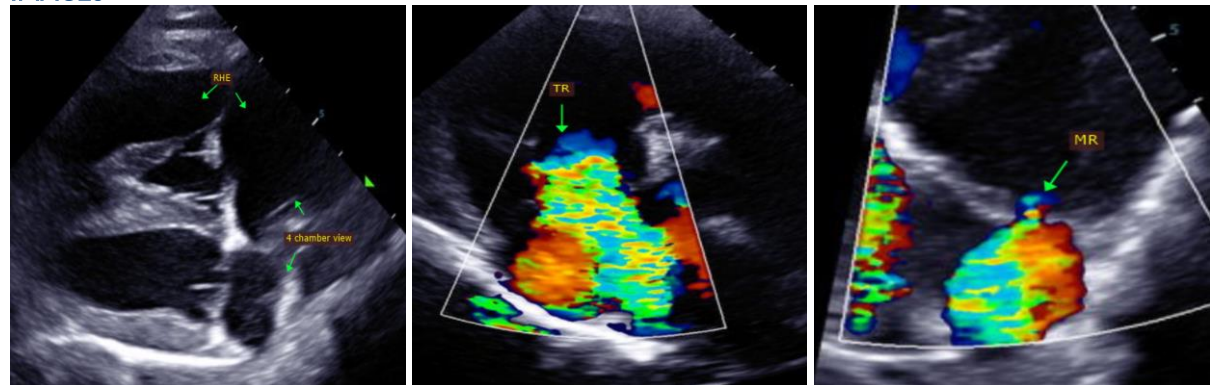
PLAN

- Monitor renal values and BP in 1-2 weeks then every 3-4 months lifelong.
- A recheck echocardiogram is recommended in 6-8 months.

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IMAGES

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Maggie Machen Lamy, DVM
DACVIM (Cardiology)



IMAGING PERFORMED BY
Pamela Harrigan, RDCS

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.

HOSPITAL NAME
Mass Veterinary Services

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.

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

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