



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Louie Kutayli

History: Recheck echo. History chronic valvular disease - Stage B1. Presently, Louie is presently doing well with a good appetite and normal activity. Louie is becoming progressively more difficult to medicate so does not always get his medication. On exam: NSR, grade IV/VI murmur with PMI left apical area, PSS, lung fields clear, mm pink, moist, CRT < 2. BP: 140mmHg x 5. Current medications: 1) Ursodiol/actigal 300mg 1/8 tab with food daily 2) Denamarin 90mg daily 3) Cerenia 16mg 1/2 tab as needed 4) Mirtazapine 3.75mg as needed 5) Entyce 30mg/ml 0.3mls as needed *No sedation for study.

SPECIES

Canine

BREED

Chihuahua

-Pertinent previous echo measurements (7/19/22 MML): LA 1.5 cm; LA:Ao 1.2; LV 2.3 cm; TR Vmax 2.7 m/s; 30 mmHg.

SEX

Male Neutered

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.

AGE

15 years

Mitral valve: The mitral valve is mildly thickened with mild prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with an elevated 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.

WEIGHT

7.63lbs

Right atrium: Normal RA dimension.

Tricuspid valve: The tricuspid valve appears mildly thickened with septal prolapse and mild to moderate tricuspid regurgitation. Velocity consistent with moderate pulmonary hypertension. The MPA and branches are dilated.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

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

Doppler Measurements

Ao diam (cm)	1.3
LA diam (cm)	1.8
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.6
LVID diastole (cm)	1.9
PW thickness (cm)	0.6
LVID systole (cm)	0.9
FS (%)	52

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	0.94
MR Vmax (m/s)	6.0
TR Vmax (m/s)	3.9
TR PG (mmHg)	62

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INTERPRETATION OF THE FINDINGS

Compared to the prior study, the most significant change is development of moderate pulmonary hypertension. The MPA is dilated, and the tricuspid leak has progressed, supporting this finding. This is of unknown significance without reported respiratory signs and monitoring is recommended. The left heart remains mild and stable. No additional issues are identified.

INVOICE

31657

DATE

7/3/23

No medications are clearly warranted. Sildenafil could be argued in this case; however, prior to associated clinical signs, this is not yet recommended (particularly in a patient that is difficult to medicate). Continued assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).



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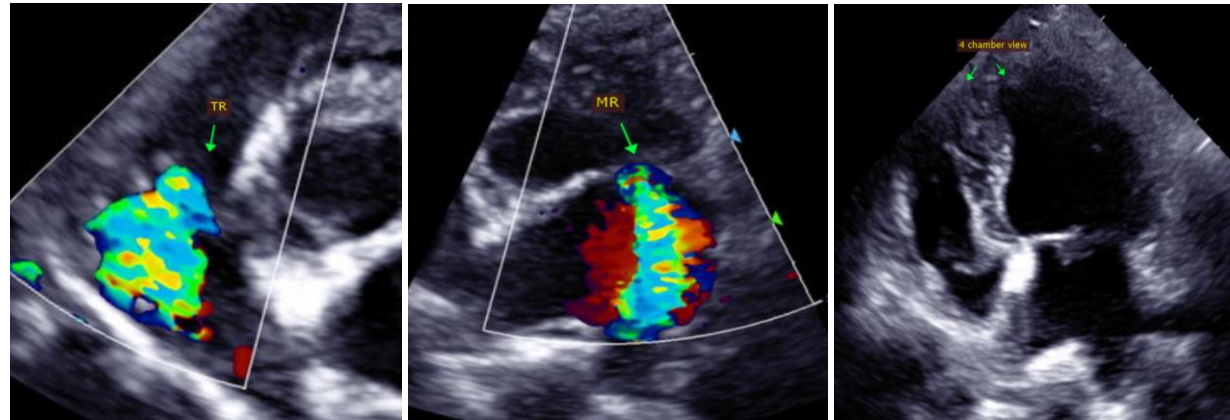
RECOMMENDATIONS

- No cardiac medications remain indicated.
- Should any exertional syncope or dyspnea develop, Sildenafil should be considered 1-2mg/kg PO q8-12h.
- 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 6-12 months, sooner if any development of clinical signs.

IMAGES



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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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