



PATIENT

Daisy Amabile

SPECIES

Canine

BREED

Chihuahua

SEX

Female Spayed

AGE

13 years

WEIGHT

7.5lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

32018

DATE

7/31/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Presently, Daisy is doing well at home with no concerns. She is eating well, and her activity remains normal with two daily walks. 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: 140mmHg. Current medications: Pimobendan/vetmedin 0.9375mg capsule 1 capsule twice a day. *No sedation for study. -Pertinent previous echo findings (9/14/23 MML): LA 2.4 cm; LA:Ao 2.0, LV 2.9 cm; moderate LAE, borderline LVE, moderate-severe MR, trace TR (3.1 m/s; 39 mmHg)

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is borderline 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 mild prolapse into the left atrial lumen. Severe 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. Moderate aortic insufficiency.

Right ventricle: Normal right ventricular diameter and morphology.

Right atrium: Normal RA dimension.

Tricuspid valve: The tricuspid valve appears mildly thickened with mild tricuspid regurgitation. Velocity consistent with moderate pulmonary hypertension.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. Trace 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 160bpm.

2-Dimensional Measurements

Ao diam (cm)	1.2
LA diam (cm)	2.4
LA:Ao (Swe)	2.0
IVS thickness (cm)	0.6
LVID diastole (cm)	3.0
PW thickness (cm)	0.6
LVID systole (cm)	1.1
FS (%)	62

Doppler Measurements

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	1.7
MR Vmax (m/s)	5.7
TR Vmax (m/s)	4.0
TR PG (mmHg)	63

INTERPRETATION OF THE FINDINGS

Compared to the prior study, there is evidence of progression. The left heart is significantly enlarged, yet unchanged despite an increased MR quantity. The aortic insufficiency is increased well, despite normal systemic pressures. Finally, mild to pulmonary hypertension has progressed to moderate. This is of unknown significance in a dog without respiratory signs. Simple monitoring is recommended. No additional issues are identified.

Given these findings, continue Pimobendan is recommended as below. Addition of an ACE-I is also recommended based upon worsening aortic insufficiency. Assessment of progression in the future will help predict long term outcome; however, prognosis is guarded at this stage (B2).



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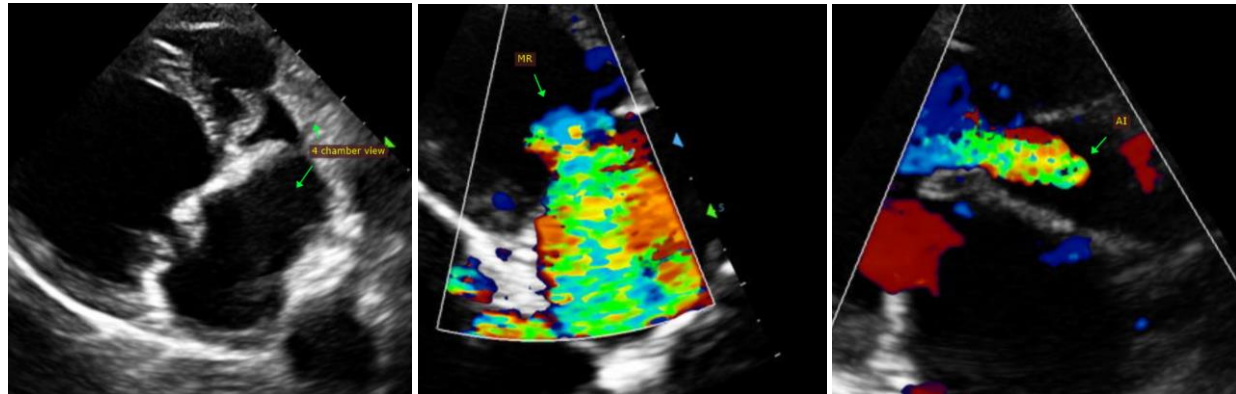
RECOMMENDATIONS

- Continue Pimobendan 0.3mg/kg PO q12h.
- Institute ACE-I 0.5mg/kg PO q12h.
- Monitor for signs of progressive pulmonary hypertension, such as exertional dyspnea or collapse.
- Monitor BP every 6 months.
- 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



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