

PATIENT

Mille Barry

SPECIES

Canine

BREED

Chihuahua

SEX

Female Spayed

AGE

13 years

WEIGHT

8.4lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

25131

DATE

7/5/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Current presentation: Millie is doing well with mild coughing. She does have some mobility issues. She is eating normally (picky eater). On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 120 mmHg x 4. Current medications: 1) Pimobendan/vetmedin 3.75mg 1/3 tab twice a day 2) Gabapentin 25mg 1 capsule twice a day 3) Carprofen 25mg 1/4 tab twice a day *No sedation for study.

-Pertinent previous echo findings (8/31/21 Maggie Machen Lamy, DVM, DACVIM-Cardiology): LA 1.9 cm; LA:Ao 1.5; LV 2.4 cm; mild LAE; moderate MR; mild TR (2.5 m/s).

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is borderline increased with adequate function. LV wall thicknesses are normal.

Left atrium: The left atrium is mildly dilated.

Mitral valve: The mitral valve is diffusely thickened with significant prolapse into the left atrial lumen. 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. No 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 mildly thickened with septal prolapse and 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 160bpm.

2-Dimensional Measurements

Ao diam (cm)	1.4
LA diam (cm)	2.1
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.6
LVID diastole (cm)	2.4
PW thickness (cm)	0.6
LVID systole (cm)	0.9
FS (%)	63

Doppler Measurements

PV Vmax (m/s)	0.93
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	5.5
TR Vmax (m/s)	2.7
TR PG (mmHg)	30

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with continued stability. The left heart dimensions are stable, and development of concurrent issues is noted.

Given these findings, continue Pimobendan with no additional medications warranted.

Continued assessment of progression in the future will help predict long term outcome, however prognosis remains guarded; however, the patient has remained stable over serial exams.



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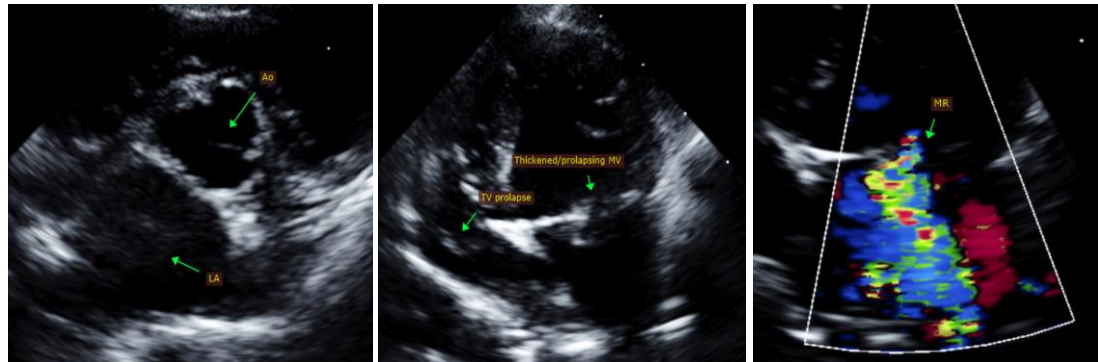
RECOMMENDATIONS

- Continue Pimobendan 0.3mg/kg PO q12h.
- 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 6-9 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)