



**PATIENT**

Ovi Macleod

**SPECIES**

Canine

**BREED**

Miniature Schnauzer

**SEX**

Male Neutered

**AGE**

12.8 years

**WEIGHT**

25.5lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

VCA Hanson

**REFERRING VET**

Dr. Jewett

**INVOICE**

31669

**DATE**

7/5/23

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History chronic valvular disease - stage late B2. Presently, Ovi is less active and less bright. Still coughs but has improved with increase in furosemide dose. Current medications: 1) Furosemide 12.5mg, 2 in AM, 1 in PM. 2) Benazepril 5mg, 1 in AM, 3) Spironolactone 25mg, 1/2-tab BID. 4) Pimobendan 2.5mg BID.  
-Pertinent previous echo measurements ( 12/12/22 MML): LA 3.9 cm, LA:Ao 2.3, LV 3.8 cm, TR Vmax 2.3 m/s, 22mmHg.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and Doppler imaging is available.  
**Left ventricle:** Moderate LV dilation with hyperdynamic function. LV wall thicknesses are normal.  
**Left atrium:** The left atrium is moderate to severely enlarged and bulbous in appearance.  
**Mitral valve:** Diffuse thickening of mitral valve leaflets (anterior> posterior) with marked prolapse into the left atrial lumen. severe mitral regurgitation. Normal velocity.  
**Aortic valve/Aorta:** The aortic valve is normal in morphology and mobility. No AI. Normal LVOT velocity.  
**Right ventricle:** Normal RV dimension. No obvious RVH.  
**Right atrium:** Mild atrial dilation.  
**Tricuspid valve:** The tricuspid valve appears thickened with mild septal prolapse. Mild to moderate tricuspid regurgitation visualized. Normal velocity.  
**Pulmonic valve/Pulmonary artery:** The pulmonic valve is normal with normal pulmonic outflow velocity. No pulmonic insufficiency.  
**Pericardium/other:** No pericardial or pleural effusion noted. No obvious cardiac masses.  
**Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 100bpm.

**2-Dimensional Measurements**

Ao diam (cm)	1.8
LA diam (cm)	3.5
LA:Ao (Swe)	2.0
IVS thickness (cm)	0.7
LVID diastole (cm)	3.6
PW thickness (cm)	0.7
LVID systole (cm)	1.7
FS (%)	52

**Doppler Measurements**

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	5.2
TR Vmax (m/s)	3.3
TR PG (mmHg)	21

**INTERPRETATION OF THE FINDINGS**

Chronic degenerative valve disease persists with overall stability. Severe mitral and mild to moderate tricuspid regurgitation are unchanged without significant progression in left or right heart dimensions. Pulmonary pressures are normal, and no additional issues are identified.

Given these findings, continue Lasix, Benazepril, Spironolactone and Pimobendan as previously prescribed. Cough suppression is recommended as previously described.

Prognosis is poor long-term with an average survival time of <1 year. That being said, must are able maintain a good quality of life for that period. Patient will always be at risk



**PATIENT**

Ovi Macleod

for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

**SPECIES**

Canine

**RECOMMENDATIONS**

- Continue 4 medications as prescribed.
- Consider hydrocodone with homatropine 0.2-0.4mg/kg up to q4-6 hours PRN for any residual mechanical cough in the face of normal sleeping respiratory rates.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.
- Monitoring of sleeping respiratory rates will be paramount to screen for congestive heart failure at home.
- Elective anesthesia is not advised.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

**BREED**

Miniature Schnauzer

**SEX**

Male Neutered

**AGE**

12.8 years

**PLAN**

- Monitor BP and renal values every 3-4 months lifelong.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

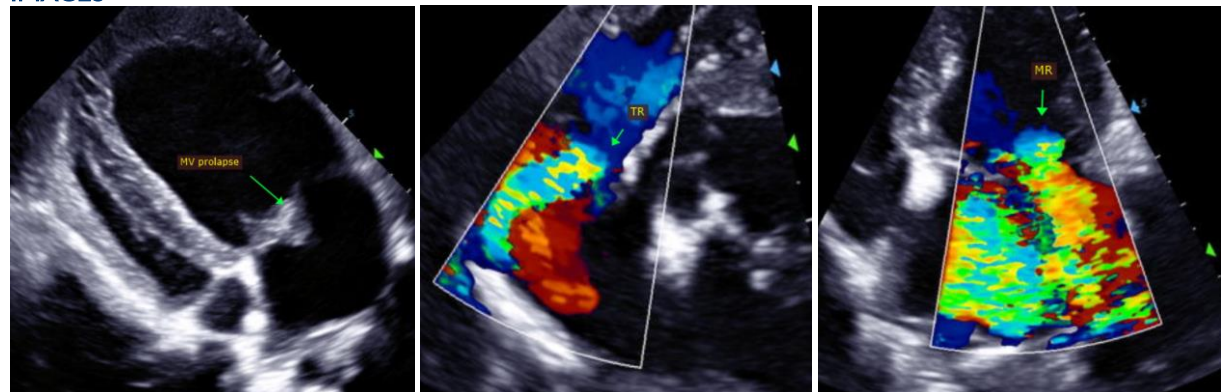
**WEIGHT**

25.5lbs

**IMAGES**

**INTERPRETED BY**

Maggie Machen Lamy, DVM  
 DACVIM (Cardiology)



**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

VCA Hanson

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.

**REFERRING VET**

Dr. Jewett

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.

**INVOICE**

31669

Maggie Machen Lamy, DVM  
 Diplomat of the American College of Veterinary Internal Medicine (Cardiology)  
 info@sonopath.com

**DATE**

7/5/23

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