



PATIENT

Minnie Jacques

SPECIES

Canine

BREED

Chihuahua

SEX

Female Intact

AGE

13 years

WEIGHT

5.44lbs

PRESENTING CLINICAL SIGNS

History: Honking cough throughout the day. No murmur on exam. Normal exercise and energy level. BP: 160-170mmHg. On Hycodan 5mg/ml: 0.2ml PO q6-12h, PRN for cough.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is decreased with adequate myocardial function. LV wall thicknesses are markedly increased.

Left atrium: The left atrium is normal.

Mitral valve: The mitral valve is mildly thickened with prolapse into the left atrial lumen. Trace/mild central 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: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. Mild RV hypertrophy.

Right atrium: No significant RA enlargement.

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

Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. Mild MPA enlargement. 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.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.2
LA diam (cm)	1.3
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.9
LVID diastole (cm)	1.3
PW thickness (cm)	0.9
LVID systole (cm)	0.5
FS (%)	64

Doppler Measurements

PV Vmax (m/s)	0.75
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	NM
TR Vmax (m/s)	3.5
TR PG (mmHg)	50

IMAGING

PERFORMED BY

Pamela Harrigan,
RDMS

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing trace/mild mitral and mild to moderate tricuspid regurgitation is identified. Lack of significant left or right atrial enlargement indicates the current risk for complication is low. More importantly, significant LV hypertrophy is identified with a small internal dimension. Finally, moderate pulmonary hypertension is noted, which is likely secondary to a reported cough. No additional issues are noted in this study.

HOSPITAL NAME

Anchor Animal
Hospital

REFERRING VET

Dr. Lavin

INVOICE

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DATE

7/7/22

The LV appearance may be explained by issues such as volume depletion, chronic severe systemic hypertension or a primary myocardial disease such as HCM. While mildly elevated blood pressure is noted in the history, for SHT alone to cause these findings one would expect values >200mmHg for an extended period of time. Monitoring of BP is advised. Highly recommend lab work to screen for volume depletion as a contributing issue. If this is ruled out, primary myocardial disease warrants monitoring going forward.



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The finding of concurrent pulmonary hypertension is likely a separate issue, due to a chronic cough. In the absence of exertional dyspnea or syncope, no indication for Sildenafil at this time; however, adequate cough control is strongly recommended.

SPECIES

Canine

No cardiac medications are indicated. Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).

BREED

Chihuahua

RECOMMENDATIONS

- Baseline lab work to assess volume status.
- Reassess BP as a sole visit every 3-4 months; treat with amlodipine if persistently >180mmHg.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Consider Hydrocodone and further respiratory evaluation/treatment.
- 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.

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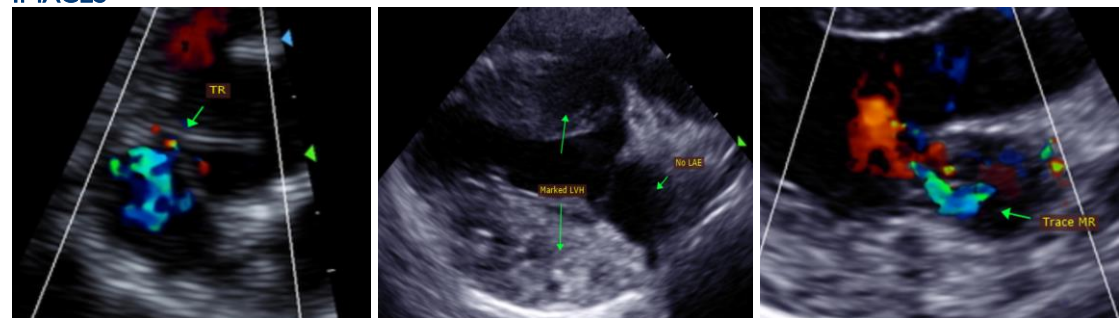
INTERPRETED BY

Maggie Machen Lamy, DVM
 DACVIM (Cardiology)

PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

IMAGES



IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Anchor Animal Hospital

REFERRING VET

Dr. Lavin

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.

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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.

DATE

7/7/22

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