

PATIENT

Pee Wee Magao

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Female Spayed

AGE

12.9 years

WEIGHT

8.1lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDMS

HOSPITAL NAME

Foster Veterinary
Clinic

REFERRING VET

Dr. Hattan

INVOICE

32062

DATE

8/1/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. On Welactin, Cytopoint injections 10mg, Pimobendan 1.1mg PO BID, ProHeart 12 injection.

-Pertinent previous echo findings (5/2022 MML): Severe MR, moderate LAE, moderate TR, mild PAH: 3.2m/s. LA: 2.3, LV; 2.6. Stable compared to previous.

ECHOCARDIOGRAM FINDINGS

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

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

Left atrium: The left atrium is moderately dilated.

Mitral valve: The mitral valve is diffusely thickened with significant 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. Trace aortic insufficiency.

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: The RA is mildly enlarged.

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

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 110bpm.

2-Dimensional Measurements

Ao diam (cm)	1.3
LA diam (cm)	2.3
LA:Ao (Swe)	1.8
IVS thickness (cm)	0.6
LVID diastole (cm)	2.2
PW thickness (cm)	0.7
LVID systole (cm)	0.8
FS (%)	62

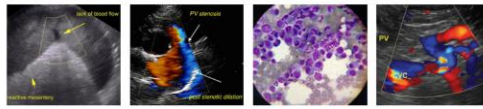
Doppler Measurements

PV Vmax (m/s)	0.94
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	5.6
TR Vmax (m/s)	3.5
TR PG (mmHg)	50

INTERPRETATION OF THE FINDINGS

Compared to the prior study, the left heart disease is similar. Significant MR persists with a stable LA dimension. The LV has decreased in size comparatively, which is unexpected. Screening for volume changes is recommended. Of some concern, the pulmonary pressures are slightly increased comparatively with mild right atrial enlargement. This is of unknown significance without reported respiratory signs. Finally, a small aortic valve insufficiency is noted, and a baseline BP is recommended. No additional issues are identified.

Given these findings, continue Pimobendan as previously recommended. Continued assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).



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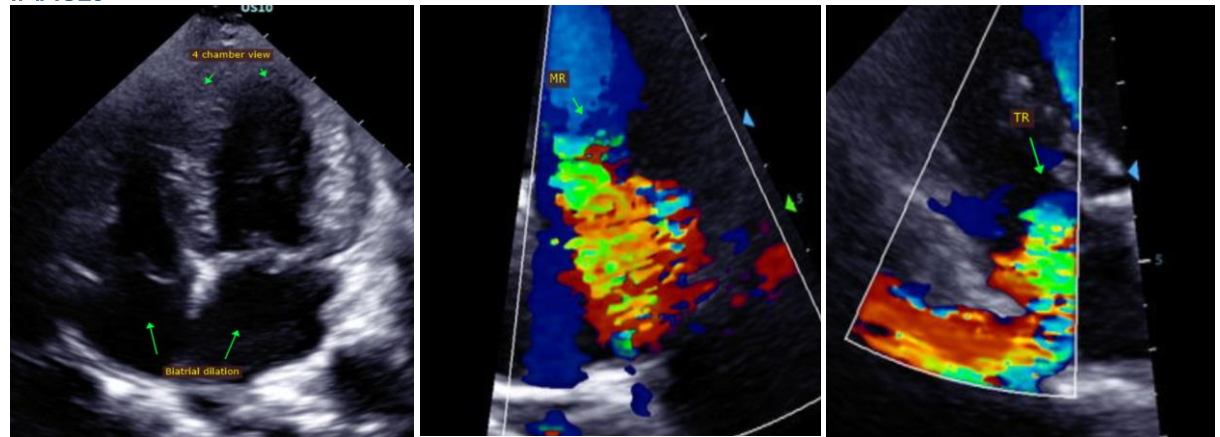
RECOMMENDATIONS

- Continue Pimobendan 0.3mg/kg PO q12h.
- Baseline BP every 6 months as discussed.
- 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)