

**PATIENT**

**Chiquita Roy**

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Female Spayed

**AGE**

9 years

**WEIGHT**

6.88lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING  
PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary  
Specialty Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

20446

**DATE**

8/10/21

**PRESENTING CLINICAL SIGNS**

History: Chiquita was initially noted to have a heart murmur in 2019. Occasional coughing noted. Good appetite. CV/RESP: arrhythmia, grade III/VI murmur with PMI left apical area, PSS, lung fields clear, mm pink moist. BP: 160mmHg x 5. No medications.

**ELECTROCARDIOGRAPHIC FINDINGS** \*Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 25mm/s, 10mm/mV. The average heart rate is 140bpm (range 100-188bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. P and QRS morphologies are positive. No ectopic beats, pauses or dysrhythmias observed.

ECG diagnosis: Normal sinus rhythm with profound respiratory variation.

**ECHOCARDIOGRAM FINDINGS**

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

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

**Left atrium:** The left atrium is mildly dilated.

**Mitral valve:** The mitral valve is mildly thickened with mild prolapse into the left atrial lumen. Mild 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:** Normal RA dimension.

**Tricuspid valve:** The tricuspid valve appears normal with no tricuspid regurgitation.

**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 bpm.

**2-Dimensional Measurements**

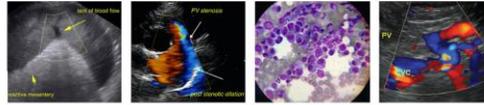
Ao diam (cm)	1.2
LA diam (cm)	1.7
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.48
LVID diastole (cm)	2.2
PW thickness (cm)	0.47
LVID systole (cm)	1.1
FS (%)	50

**Doppler Measurements**

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	1.6
MR Vmax (m/s)	5.3
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

**INTERPRETATION OF THE FINDINGS**

Chronic degenerative valve disease causing mild mitral regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. A small aortic leak is noted, and the baseline blood pressure is reasonable for a stressed dog in hospital. No additional issues are noted in this study.



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The ECG shows a significant respiratory arrhythmia with dramatic heart rate variation. If this does not reflect what was heard on exam, a longer tracing or potentially a holter monitor may be necessary.

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Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).

**BREED**  
Chihuahua

**RECOMMENDATIONS**

- In an asymptomatic dog without significant left atrial enlargement, no cardiac medications are clearly indicated.
- 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.

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**PLAN**

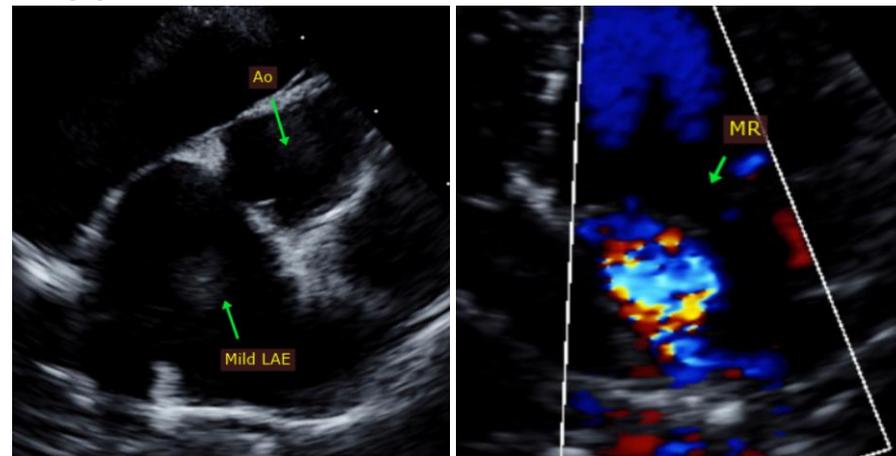
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

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**IMAGES**

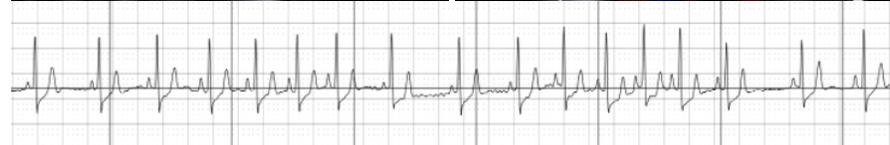


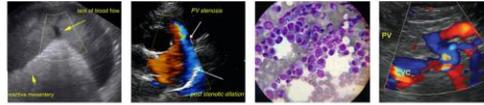
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

**BREED**  
Chihuahua

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

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

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