

PATIENT

Sherpa Merrigan

SPECIES

Canine

BREED

Tibetan Terrier

SEX

Male Intact

AGE

11 years

WEIGHT

30.8lbs

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

20444

DATE

8/10/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease, advanced. Currently, doing well; good appetite. Eating Blue Buffalo - been grain-free all his life. Grade IV/VI systolic murmur. BP: 140mmHg x 5.

-Current medications; 1) Pimobendan/vetmedin 7.5mg 1/2 tab twice a day 2) Enalapril 5mg 1 tab twice a day 3) Spironolactone 125mg 1/2 tab twice a day 4) Hydrocodone with homatropine/hycodan 5mg, 1/2 t at night.

-Pertinent previous echo findings (7/2020 MML): LA 3.2 cm; LA:Ao 1.8; LV 4.9 cm; severe MR; mild TR (2.5 m/s); moderate-severe LAE; LVE.

ECHOCARDIOGRAM FINDINGS

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

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

Left atrium: The left atrium is severely 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. Mild 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 mild tricuspid regurgitation; normal velocity.

Pulmonary valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. 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 90bpm.

2-Dimensional Measurements

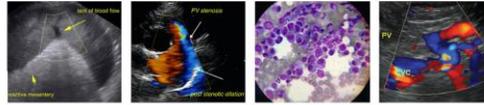
Ao diam (cm)	2.0
LA diam (cm)	3.6
LA:Ao (Swe)	2.1
IVS thickness (cm)	0.82
LVID diastole (cm)	4.9
PW thickness (cm)	0.80
LVID systole (cm)	2.8
FS (%)	43

Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	5.3
TR Vmax (m/s)	2.4
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists without evidence of significant progression. While the left heart dimensions are slightly increased comparatively, this is not surprising given the time frame. No additional comorbidities have developed such as



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pulmonary hypertension. The aortic leak remains stable and the reported blood pressure in hospital in reasonable.

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Given the severity of disease, continued cardiac support is recommended as prescribed. There is no evidence of diet related cardiomyopathy in this case; however, a diet change remains the conservative recommendation.

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Long term prognosis remains guarded to poor, with most dogs able to be managed on medications with a good QOL for an average of 8-12 months once in CHF. Patient will always be at risk for recurrent CHF, LA tear, development of malignant arrhythmias/sudden death going forward.

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RECOMMENDATIONS

- Continue all medications as prescribed. Consider hydrocodone with homatropine (0.2-0.4mg/kg up to 4-6 h PRN for cough) if needed for QOL.
- Consider diet change as discussed.
- Monitor renal values every 3-4 months lifelong.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Elective anesthesia is not advised.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.
- Monitor sleeping breathing rates at home to screen for development of CHF.

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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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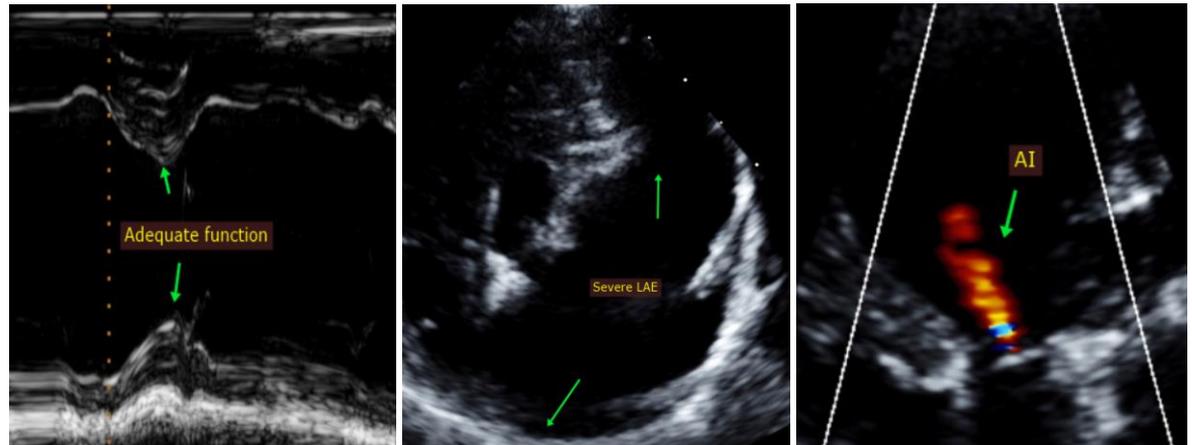
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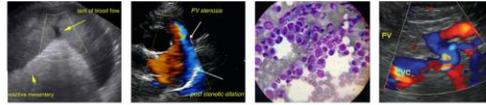
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IMAGES





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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.

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Tibetan Terrier

Maggie Machen Lamy, DVM
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info@sonopath.com

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

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