



PATIENT

Mikey Eliosof

SPECIES

Canine

BREED

Shih Tzu

SEX

Male Neutered

AGE

11 years

WEIGHT

14.8lbs

PRESENTING CLINICAL SIGNS

History: Presented to ER in CHF. No echocardiogram performed at that time. On Lasix 12.5mg TID. Still has labored breathing (abdominal breathing). Good appetite. BP: 130 mmHg. Grade IV/VI heart murmur. Coughing.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: Significant LV dilation with hyperdynamic myocardial function.

Left atrium: The left atrium is severely dilated.

Mitral valve: Diffuse thickening of mitral valve leaflets with mild 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. No aortic insufficiency.

Right ventricle: Mild RV dilation.

Right atrium: Mild right atrial dilation.

Tricuspid valve: The tricuspid valve appears thickened, with mild tricuspid regurgitation. Mildly elevated velocity consistent with mild pulmonary hypertension.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. The MPA appears mildly dilated. Normal pulmonic outflow velocities with laminar flow. No PI.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 150bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.4
LA diam (cm)	3.0
LA:Ao (Swe)	2.2
IVS thickness (cm)	0.6
LVID diastole (cm)	3.6
PW thickness (cm)	0.7
LVID systole (cm)	1.9
FS (%)	47

Doppler Measurements

PV Vmax (m/s)	0.5
AoV Vmax (m/s)	NM
MR Vmax (m/s)	5.8
TR Vmax (m/s)	2.8
TR PG (mmHg)	31

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mendon Animal Clinic

REFERRING VET

Dr. Cervasio

INVOICE

32286

DATE

8/10/23

INTERPRETATION OF THE FINDINGS

The cause of the murmur is chronic degenerative valve disease causing severe mitral and mild tricuspid regurgitation. Severe left atrial enlargement indicates the risk for spontaneous congestive heart failure is elevated. Mild pulmonary hypertension is noted, which is likely secondary to chronic LA pressure elevation. No additional issues are identified.

In light of the clinical signs and severity of disease on echocardiogram, the diagnosis of congestive heart failure is supported and continued medications are warranted lifelong as below. **This breed is also predisposed to primary respiratory insults and chest radiographs should always be utilized to differentiate the underlying issue. If the patient's breathing has not responded significantly to high dose diuretic therapy, other possibilities should be considered; however, this is a radiographic distinction.**



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The average survival time of canine patients with active pulmonary edema is 8-9 months on medications, however they generally are able to maintain a good quality of life for that period. Patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

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RECOMMENDATIONS

- Continue Lasix/furosemide 1-2mg/kg PO q12h.
- **Given that the symptoms have not dramatically improved, consider repeat CXR with a serial review.**
- Institute Spironolactone 1-2 mg/kg PO q 12h.
- Institute Pimobendan 0.25-0.3 mg/kg PO q12h.
- Cough suppression to improve QOL can also be considered (hydrocodone, 0.2-0.4mg/kg up to q4-6h 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.

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PLAN

- Monitor renal values and BP in 1-2 weeks, then every 3-4 months lifelong. If doing well and BP >130mmHg, institute ACEI 0.5mg/kg PO q12h.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

IMAGING PERFORMED BY

Pamela Harrigan,
 RDCS

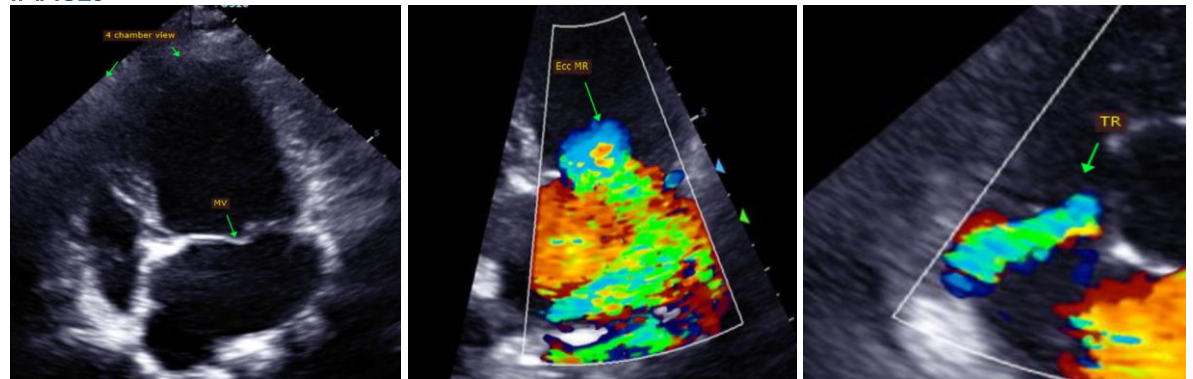
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

Shih Tzu

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

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