



PATIENT
Bella Killeen

SPECIES
Canine

BREED
Chihuahua

SEX
Female Spayed

AGE
8 years

WEIGHT
5.44lbs

INTERPRETED BY
Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan,
RDCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
32373

DATE
8/15/23

PRESENTING CLINICAL SIGNS

History: Bella is referred to evaluate a heart murmur. She has had 5 episodes of collapse (loses consciousness, cries out). No collapse episodes since starting the Pimobendan. Presently, she is doing well at home - her appetite has always been finicky and remains so (normal for her). Coughing daily 1-2 times. Grade IV/VI systolic murmur; clear lung fields, PSS. Current medications: 1) Pimobedan/vetmedin 2.5mg/ml 0.2mls twice a day 2) Lasix/furosemide 12.5mg/ml 0.25mls twice a day *No sedation for study.

ECHOCARDIOGRAM FINDINGS

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

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

Left atrium: The left atrium is mild to moderately dilated.

Mitral valve: The mitral valve is thickened with a flail anterior leaflet. Ruptured chordae tendineae visualized (see below). Moderate eccentric mitral regurgitation. 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: Normal right ventricular.

Right atrium: Normal RA.

Tricuspid valve: The tricuspid valve is mildly thickened with mild tricuspid regurgitation. Mildly elevated velocity.

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 120bpm.

2-Dimensional Measurements

Ao diam (cm)	1.0
LA diam (cm)	1.6
LA:Ao (Swe)	1.6
IVS thickness (cm)	0.4
LVID diastole (cm)	2.0
PW thickness (cm)	0.5
LVID systole (cm)	0.7
FS (%)	63

Doppler Measurements

PV Vmax (m/s)	0.8
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	5.5
TR Vmax (m/s)	3.2
TR PG (mmHg)	41

INTERPRETATION OF THE FINDINGS

The cause of the murmur is chronic degenerative valve disease causing moderate mitral and tricuspid regurgitation. While mild to moderate left atrial enlargement typically indicates a low risk for imminent complication, the finding of a ruptured chord and flail leaflet dramatically raises this risk. Mild pulmonary hypertension is noted, which is clinically insignificant. No additional noted in this study.

The finding of a ruptured chord is suspected to explain recent collapse episodes, and there is concern for acute progression to CHF in these cases. Full cardiac support is recommended as below. If the patient remains stable over the next 6-12 months, Lasix will then be likely unnecessary. Prognosis is guarded long-term with most CHF cases succumbing within 8-12 months. That being said, if the patient is able to be stabilized



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there is some potential for an improved outcome given a lack of significant chamber enlargement. Follow up will help dictate long term picture.

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RECOMMENDATIONS

- Continue Pimobendan 0.25-0.3mg/kg PO q12h.
- Continue Lasix 1-2mg/kg PO q12h.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Elective anesthesia is not advised at this time.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes. Monitor sleeping breathing rates at home as the best way to monitor for recurrent issues.

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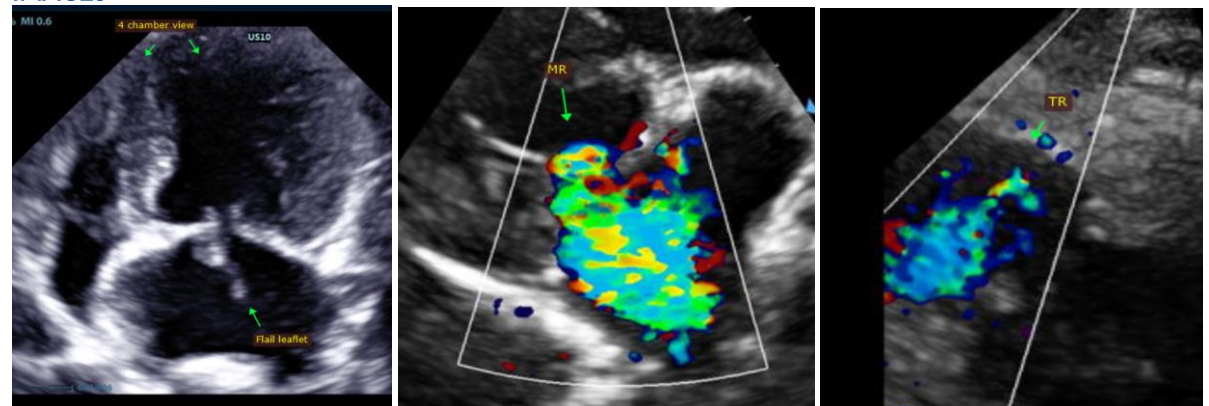
PLAN

- Recheck renal panel/BP in 1-2 weeks to ensure tolerance of medications, then every 3-4 months lifelong. If patient is doing well and BP is >130mmHg, institute ACE-I 0.5mg/kg PO q12h.
- 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.

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Mass Veterinary Services

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.

REFERRING VET
Dr. Masloski

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Echocardiogram performed by:

Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)

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