



PATIENT
Fritz Summa

SPECIES
Canine

BREED
Dachshund

SEX
Male Neutered

AGE
10 years

WEIGHT
16lbs

PRESENTING CLINICAL SIGNS

History: Fritz is referred to evaluate a heart murmur. He was noted to be coughing in June and had chest films which revealed cardiomegaly with LAE and was started on Pimobendan. He does have some labored breathing after exercise with some wheezing noted. He is presently eating well with otherwise normal activity. On exam: NSR, grade III/VI murmur with PMI left apical area, PSS, lung fields clear. BP: 140mmHg x 4. Current medications: Pimobendan/vetmedin 1.25mg 1 tab BID *Sedated with propofol for study.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is normal to decreased with adequate myocardial function. Mild LV hypertrophy. LV wall thicknesses are normal.
Left atrium: The left atrium is normal.
Mitral valve: The mitral valve is diffusely thickened with no prolapse into the left atrial lumen. Mild anterior-directed mitral regurgitation.
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 hypertrophy.
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 150bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.5
LA diam (cm)	1.9
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.9
LVID diastole (cm)	1.9
PW thickness (cm)	0.8
LVID systole (cm)	0.7
FS (%)	61

Doppler Measurements

PV Vmax (m/s)	0.55
AoV Vmax (m/s)	0.9
MR Vmax (m/s)	NM
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

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. Mild biventricular hypertrophy is noted, which is of unknown significance. Possible causes include pseudohypertrophy (due to volume depletion), early pulmonary or systemic hypertension (the latter is ruled out) or potentially a myocardial issue. Baseline lab work is recommended. No additional issues are identified.

INVOICE
32376

Given these findings, the cough is unlikely to be cardiac in origin and primary respiratory causes should be considered. Consider further respiratory work up/treatment (hydrocodone, taper course of steroids, Enrofloxacin, TTW/BAL, etc.).

DATE
8/15/23

Given these findings, no medications are indicated and Pimobendan can be safely discontinued. A lack of progression upon serial exams will likely warrant discontinuation. Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).



PATIENT

Fritz Summa

SPECIES

Canine

BREED

Dachshund

SEX

Male Neutered

AGE

10 years

WEIGHT

16lbs

INTERPRETED BY

Maggie Machen Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

32376

DATE

8/15/23

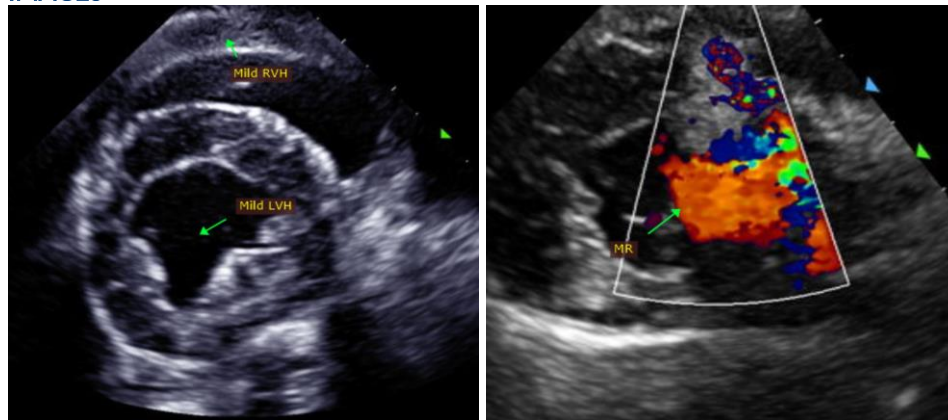
RECOMMENDATIONS

- Consider baseline lab work is recommended.
- Discontinue Pimobendan.
- Further respiratory workup 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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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