



PATIENT

Molly Silva

SPECIES

Canine

BREED

Cavalier

SEX

Female Spayed

AGE

7 years

WEIGHT

19.5lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

32370

DATE

8/15/23

PRESENTING CLINICAL SIGNS

History: Molly has been having collapse episodes since March, especially when she is excited. She was started on pimobendan and Lasix in December 2022 when she was seen for dyspnea. At that time, she had chest films which revealed cardiomegaly. Molly has been eating well. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 110-120mmHg. Current medications: 1) Pimobendan/vetmedin 2.5mg 1 tab twice a day 2) Lasix/furosemide 12.5mg 1/2-tab SID to BID 3) Proviavle 4) Dorzolamide with timalol 1-2 drops left eye 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 adequate myocardial function. LV wall thicknesses are normal.

Left atrium: The left atrium is normal.

Mitral valve: The mitral valve is mildly thickened with mild prolapse into the left atrial lumen. Mild to moderate 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: 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 trivial 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 90bpm.

2-Dimensional Measurements

Ao diam (cm)	1.7
LA diam (cm)	2.0
LA:Ao (Swe)	1.2
IVS thickness (cm)	1.4
LVID diastole (cm)	3.1
PW thickness (cm)	1.2
LVID systole (cm)	1.6
FS (%)	56

Doppler Measurements

PV Vmax (m/s)	0.63
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	5.2
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing mild to moderate mitral and trivial tricuspid regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. No concurrent issues such as pulmonary hypertension are noted in this study.

These findings would suggest CHF is extremely unlikely in this case. Ideally, obtain the prior radiographs for reevaluation; however, based upon these findings no indication for continued Lasix at this time. Pimobendan is also likely unnecessary; however, given the unusual history, reasonable to continue for the time being. No additional medications are warranted. If syncope persists, consider other possible causes, such as vaso vagal events, given the situational component.



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

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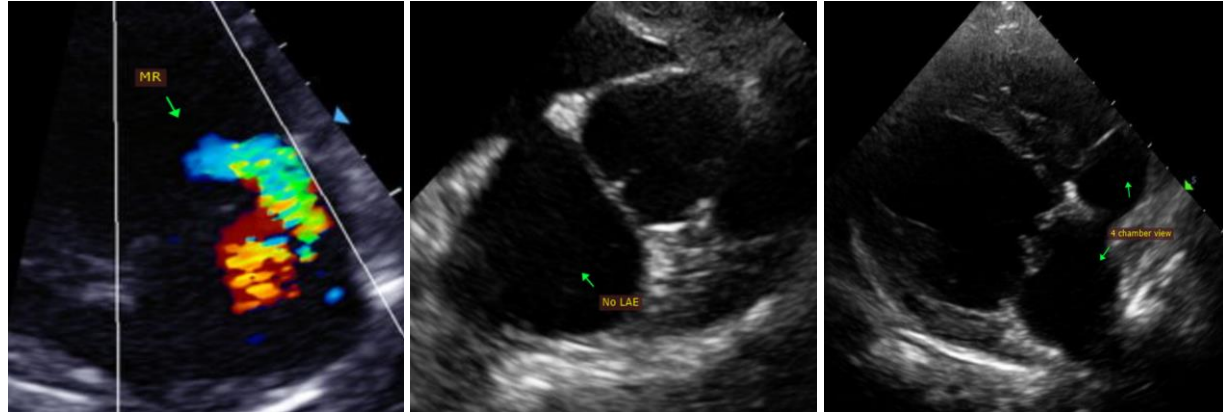
RECOMMENDATIONS

- Continue Pimobendan as prescribed.
- Discontinue Lasix unless CHF has been confirmed.
- 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



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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.

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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Pet Animal Ultrasound Service (4paus.com)