



PATIENT

Neiko Root

SPECIES

Canine

BREED

Maltese

SEX

Male Neutered

AGE

15 years

WEIGHT

4.69lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

25784

DATE

8/16/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage late B2. Current presentation: Has developed early kidney and liver failure. Coughing more so getting hycodan more frequently. More finicky with his food and will not eat canned food anymore (eating Fresh Pet). On exam: NSR, grade IV/VI murmur with PMI left apical area, PSS, lung fields clear, no cough with tracheal palpation. BP: 130mmHg x 4. Current medications: 1) Denamarin daily 2) Cosequin 1/2 tab daily 3) Ursodiol 120mg/ml 0.5mls twice a day 4) Prozac 10mg 1/2 tab daily 5) Hydrocodone with homatropine/hycodan 0.5mls twice a day 6) Provable paste 7) Pimobendan/vetmedin 1.25mg 1/2 tab twice a day 8) Spironolactone 25mg 1/4 tab twice a day 9) Enalapril 2.5mg 1/2 tab twice a day.
-Pertinent previous echo findings (2/22/22 Maggie Machen Lamy, DVM, DACVIM-Cardiology): LA 2.2 cm; LA:Ao 2.2; LV 2.5 cm; severe LAE; LVE; severe MR; mild-moderate AI
*Sedated with propofol for study.

ECHOCARDIOGRAM FINDINGS

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

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

Left atrium: The left atrium is moderate to severely dilated.

Mitral valve: The mitral valve is diffusely thickened with prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with a normal velocity.

Aortic valve/Aorta: The aortic valve appears thickened with mildly increased outflow velocity. Mildly decreased excursion in systole consistent with mild stenosis. Mild to moderate aortic insufficiency.

Right ventricle: Mild right ventricular enlargement.

Right atrium: Mild RA enlargement.

Tricuspid valve: The tricuspid valve appears normal with no tricuspid regurgitation.

Pulmonic valve/Pulmonary artery: The pulmonary artery is prominent with branch dilation. Trivial 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)	1.0
LA diam (cm)	1.9
LA:Ao (Swe)	1.9
IVS thickness (cm)	0.67
LVID diastole (cm)	2.3
PW thickness (cm)	0.69
LVID systole (cm)	1.1
FS (%)	52

Doppler Measurements

PV Vmax (m/s)	0.86
AoV Vmax (m/s)	2.9
MR Vmax (m/s)	4.6
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Compared to the prior study, there is overall stability. The mitral leak remains severe with significant yet stable left heart enlargement. The right heart is similar to previous with mild enlargement overall. Finally, the aortic leak is slightly progressed comparatively; however, reported blood pressures are normal. The aortic valve does appear mildly stenotic, which was not appreciated to this extent previously (although the velocity was mildly increased prior as well). This is of little hemodynamic significance in a senior dog, and simple follow up is advised. No additional issues are identified.



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Given these findings, no change to the current medications is recommended at this time. Depending on renal values and hydration status, the ACE-I may be safely discontinued if need be.

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Assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (late B2). Unfortunately, the patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

BREED
Maltese

RECOMMENDATIONS

- Continue Pimobendan 0.3mg/kg PO q12h.
- Continue Spironolactone 1-2mg/kg PO q12h.
- Consider discontinue ACE-I if needed for renal disease.
- Consider Hydrocodone if needed for QOL.
- Close monitoring for development of associated clinical signs (development of a cough, labored breathing, exercise intolerance or worsening collapse episodes) is recommended. Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF at home.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Mild activity restriction is advised.
- Elective anesthesia is not advised.

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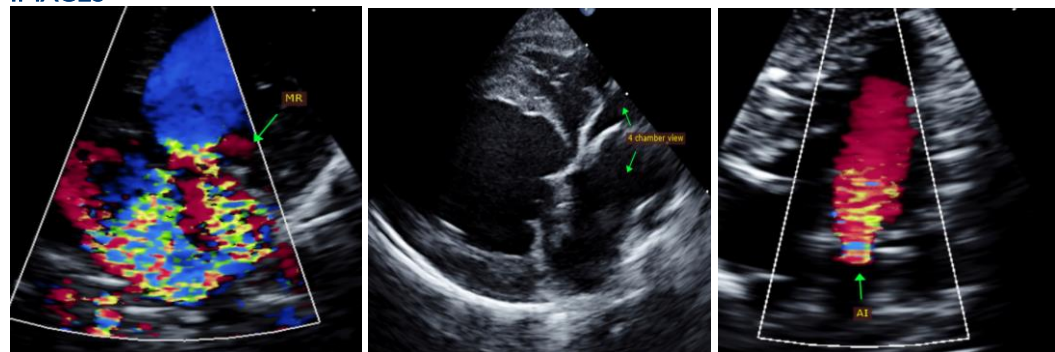
PLAN

- A renal panel and BP is recommended every 3-4 months lifelong.
- 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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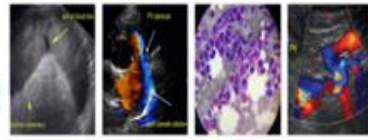
The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

DATE
8/16/22

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com



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Echocardiogram performed by:

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

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