



PATIENT

Rupert Broderick

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Male Neutered

AGE

15 years

WEIGHT

20.9lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

**IMAGING
PERFORMED BY**

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Specialty Services

REFERRING VET

Dr. Masloski

INVOICE

20561

DATE

8/17/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. Current presentation: Rupert was hospitalized last Sunday through Monday for collapse episodes with anorexia. Rupert has not had any collapsing episodes since that time. His activity level remains normal. He has no current C/S/V/D. CV/RESP: NSR, grade IV/VI murmur with PMI left apical area radiating to right with grade II/VI murmur noted on right, PSS, lung fields clear. BP: 130-140mmHg.

-Current medications: 1) Pimobendan/vetmedin 6.25mg/ml 0.5mls twice a day 2) Enalapril 10mg/ml 0.5mls twice a day 3) Spironolactone 25mg/ml 0.5mls twice a day 4) Lasix/furosemide 40mg/ml 0.15mls twice a day 5) Sildenafil 20mg/ml 0.5mls three times a day 6) Snip tips daily *No sedation.

-Pertinent previous echo findings (8/2020 MML): Moderate LAE, moderate to severe MR, moderate RVE/RVH, moderate RAE, moderate TR: 5.36m/s, severe PAH, small volume pleural effusion.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is mildly dilated with adequate myocardial function. LV wall thicknesses are normal.

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

Mitral valve: The mitral valve is thickened with mild prolapse into the left atrial lumen. Moderate to 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. Mild aortic insufficiency.

Right ventricle: Moderate RV dilation and hypertrophy consistent with pressure overload. Septal flattening in systole.

Right atrium: Moderate RA dilation.

Tricuspid valve: The tricuspid valve appears mildly thickened with mild prolapse. Moderate tricuspid regurgitation; velocity consistent with severe pulmonary arterial hypertension.

Pulmonic valve/Pulmonary artery: The pulmonic valve appears normal with normal mobility. No obvious pulmonic insufficiency. Normal RVOT velocity; laminar flow. MPA and branch dilation.

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

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 160bpm.

2-Dimensional Measurements

Ao diam (cm)	3.2
LA diam (cm)	1.5
LA:Ao (Swe)	2.1
IVS thickness (cm)	0.62
LVID diastole (cm)	3.68
PW thickness (cm)	0.59
LVID systole (cm)	1.9
FS (%)	49

Doppler Measurements

PV Vmax (m/s)	0.53
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	4.4
TR Vmax (m/s)	5.0
TR PG (mmHg)	100



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INTERPRETATION OF THE FINDINGS

Largely unchanged yet severe structural disease is seen here. Moderate to severe mitral regurgitation persists with a slight increase in left heart dimensions. Tricuspid regurgitation and pulmonary hypertension are stable comparatively yet remain in the severe category. The right heart remains enlarged with septal flattening. AI is unchanged, with reasonable systemic pressures on exam. No additional issues are identified, and no effusions are appreciated.

It is unclear why the patient had acute recurrent syncopal episodes. The two most common causes would be recurrent CHF and/or a respiratory insult (both which acutely decrease oxygenation). Regardless, the patient is reportedly doing well at this time and no medication changes are indicated.

Prognosis remains poor long-term with most patients succumbing within 6-12 months at this point. It is encouraging that the patient has done well thus far. The patient will always be at risk for recurrent right or left sided CHF, development of syncopal episodes, malignant arrhythmias and/or sudden death in the future.

RECOMMENDATIONS

- Continue 5 medications as prescribed.
- Consider Hydrocodone if needed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Elective anesthesia is not advised.
- Lifelong activity/stress restriction is advised.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

PLAN

- Monitor renal values every 3-4 months lifelong.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs

IMAGES



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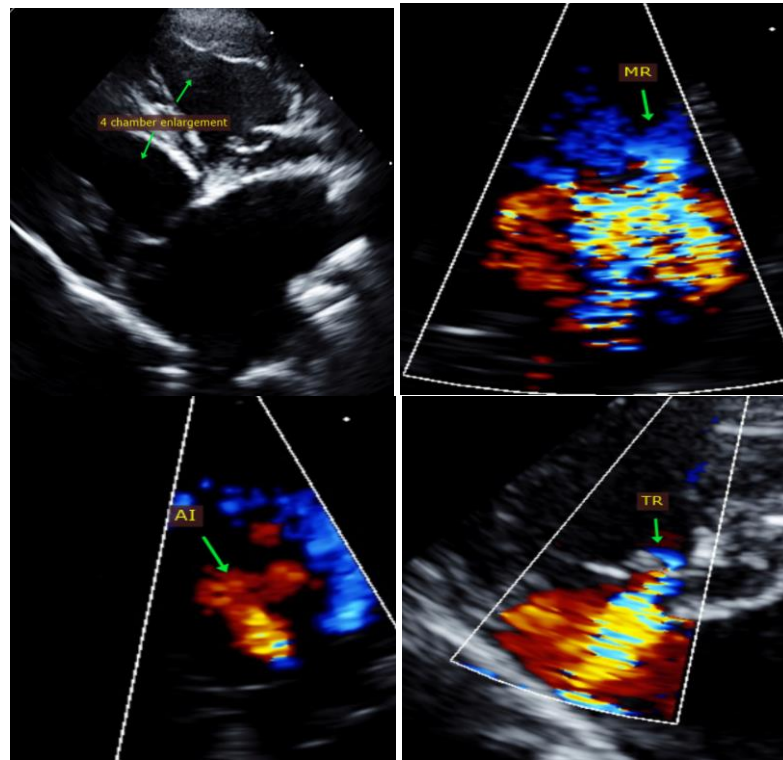
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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PERFORMED BY**

Pamela Harrigan,
RDCS

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

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Specialty Services

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

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