



PATIENT

Lucy Kapourelakos

SPECIES

Canine

BREED

Maltese

SEX

Female Spayed

AGE

15 years

WEIGHT

5.3lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDMS

HOSPITAL NAME

Norfolk County
Veterinary Service

REFERRING VET

Dr. McCabe

INVOICE

32410

DATE

8/17/22

PRESENTING CLINICAL SIGNS

History: Presented to ER on 7/27 for multiple episodes of fainting. Radiographs: left-sided cardiomegaly with perihilar alveolar and interstitial pattern c/w CHF. Medications started: 1) Pimobendan 1.25mg 1/2 BID, 2) Furosemide 12.5mg 1/2 BID, 3) Sildenafil 20mg 1/4 TID. BP today: 188-198mmHg (very anxious).
-Abnormal PE/Chem/CBC/UA Results: Elevated lactate 5.0, decreased pCO2 27.5.

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 diffusely thickened with no prolapse into the left atrial lumen. Mild central 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.

Right atrium: Normal RA dimension.

Tricuspid valve: The tricuspid valve appears mildly thickened with moderate regurgitation; normal 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 130bpm.

2-Dimensional Measurements

Ao diam (cm)	1.1
LA diam (cm)	1.3
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.5
LVID diastole (cm)	1.6
PW thickness (cm)	0.5
LVID systole (cm)	0.8
FS (%)	51

Doppler Measurements

PV Vmax (m/s)	0.9
AoV Vmax (m/s)	1.0
MR Vmax (m/s)	4.5
TR Vmax (m/s)	2.5
TR PG (mmHg)	25

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing mild mitral and moderate tricuspid regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. While the TR is greater than the MR quantitatively, no pulmonary hypertension is documented, nor right heart enlargement appreciated. No additional issues are noted in this study.

These findings do not explain the reported radiographic abnormalities. A Radiologist of the films is strongly recommended due to the discrepancy; however, what is seen here rules out left-sided CHF as the cause of clinical issues and Furosemide/Pimobendan should be discontinued. While no pulmonary hypertension is seen, an acute change such as a PTE must be considered due to the size of TR leak. If the patient has any underlying risk factors for a possible PTE, this should be further explored. Sildenafil is likely



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unnecessary; however, continuation is recommended until serial examinations suggest stability. Further evaluation is advised in this case.

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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

- Discontinue Pimobendan and Lasix.
- Radiologist review of the films is recommended.
- Reasonable to continue sildenafil as prescribed.
- Further systemic evaluation to screen for causes of a PTE.
- 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.

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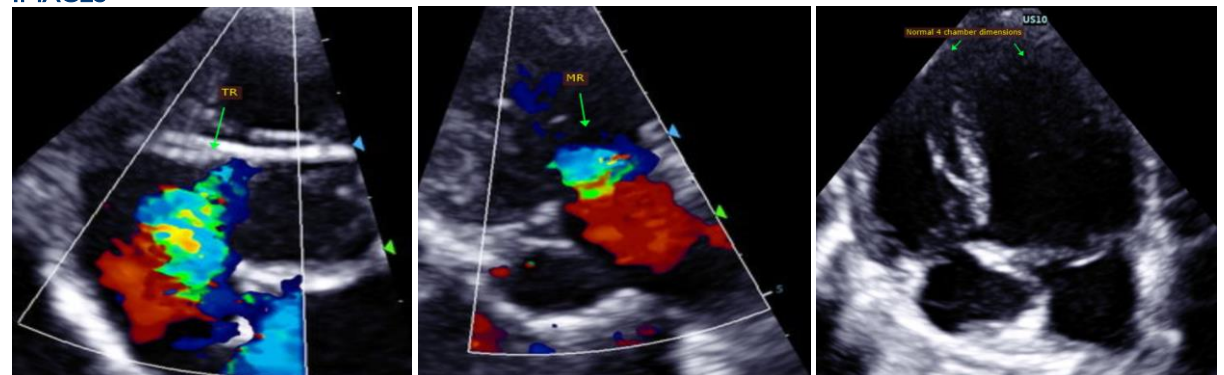
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PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

IMAGES



IMAGING PERFORMED BY

Pamela Harrigan,
 RDCS

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

8/17/22

Maggie Machen Lamy, DVM



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info@sonopath.com

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

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