



PATIENT

Socks Santili

PRESENTING CLINICAL SIGNS

History: Grade III-IV/VI cardiac murmur . Recently started having seizure-like episodes.

SPECIES

Canine

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 25mm/s, 20mm/mV. The average heart rate is 160bpm with a largely regular rhythm. The rhythm is sinus in origin, with a p for every QRS complex and vice versa. P and QRS morphologies are positive. Rare, isolated APCs are noted. No ventricular premature beats, pauses or other dysrhythmias observed. ECG diagnosis: Normal sinus rhythm with rare, isolated APCs.

BREED

Shih Tzu

SEX

Male Neutered

ECHOCARDIOGRAM FINDINGS

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

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

Left atrium: The left atrium is severely dilated.

Mitral valve: The mitral valve is diffusely thickened with mild prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with 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: Mild right ventricular dilation. No obvious hypertrophy.

Right atrium: Mild RA dilation.

Tricuspid valve: The tricuspid valve appears mildly thickened with septal prolapse and mild to moderate tricuspid regurgitation. Normal velocity.

Pulmonary valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. Trivial pulmonic insufficiency. Normal RVOT velocity; laminar flow.

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

AGE

10 years

WEIGHT

12.3lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.4
LA diam (cm)	3.4
LA:Ao (Swe)	2.4
IVS thickness (cm)	0.67
LVID diastole (cm)	3.6
PW thickness (cm)	0.69
LVID systole (cm)	1.5
FS (%)	58

Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	1.0
MR Vmax (m/s)	5.8
TR Vmax (m/s)	2.7
TR PG (mmHg)	2.9

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Airport Animal
Hospital

REFERRING VET

Dr. Gudluru

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing severe mitral and mild to moderate tricuspid regurgitation. Significant left atrial and ventricular enlargement indicates there is an elevated risk for spontaneous congestive heart failure. No additional comorbidities are seen such as pulmonary hypertension or systolic dysfunction.

INVOICE

25895

Episodes in a patient with this degree of disease are most likely cardiogenic in origin. Possible causes include poor forward blood flow leading to hypoxia with excitement (suspected), early CHF (suspected), severe pulmonary hypertension (not seen), an arrhythmia (not appreciated on screening ECG) and/or blood pressure swings/vasovagal

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event. Recommend institution of full cardiac support as below, with monitoring at home for persistent issues. Should the episodes persist in the future, repeat chest radiographs and potentially a Holter monitor may be necessary. Long term prognosis is poor; however, most dogs are able to maintain a good QOL on medications for an average of 8-12 months from diagnosis of CHF.

Rare, isolated APCs are noted on the ECG. This is not surprising in a dog with severe atrial enlargement, as well as a stressful event. These are largely benign particularly given the infrequency of the finding. That being said, this patient is certainly at risk for development of rapid atrial fibrillation and monitoring is advised.

RECOMMENDATIONS

- Institute Lasix 1mg/kg PO q12h.
- Institute Pimobendan 0.25-0.3mg/kg PO q12h.
- Institute Spironolactone 1-2mg/kg PO q12h (available in 25 and 50mg tablets).
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Mild activity/stress limitation advised while maintaining QOL.
- Elective anesthesia is not advised.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes. Monitoring of sleeping respiratory rates will be paramount to screen for congestive heart failure at home.

INTERPRETED BY

Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)

PLAN

- Monitor renal values and BP in 1-2 weeks. If doing well at home with no persistent episodes, institute ACE-Inhibitor 0.5mg/kg PO q12h.
- Monitor renal values and BP every 3-4 months lifelong.
- Recommend conservative monitoring with a recheck echocardiogram in 4-6 months, sooner if any development of clinical signs.

IMAGING PERFORMED BY

Pamela Harrigan,
 RDCS

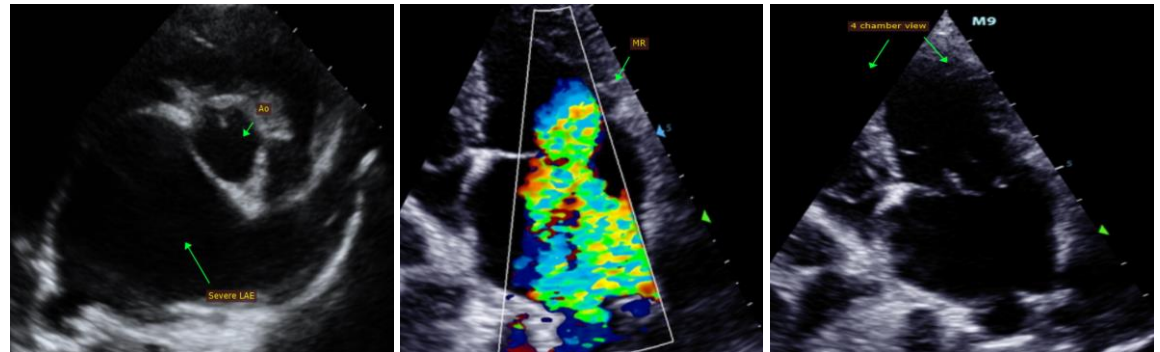
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IMAGES



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The information and recommendations provided are based on the images presented by the



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referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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.

BREED

Shih Tzu

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
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