



PATIENT

Surfer Dude
Champagne

PRESENTING CLINICAL SIGNS

History: Grade IV/VI heart murmur. Severe dental disease, Cataracts. Possible seizures or syncope (falls over, then recovers fairly quickly). BP: 120mmHg.

SPECIES

Canine

ECHOCARDIOGRAM FINDINGS

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

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

BREED

Shih Tuz

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.

SEX

Male Neutered

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.

AGE

14 years

Tricuspid valve: The tricuspid valve appears mildly thickened with mild tricuspid regurgitation. Velocity consistent with early pulmonary hypertension.

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.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 100bpm.

WEIGHT

11.6lbs

2-Dimensional Measurements

Doppler Measurements

Ao diam (cm)	1.3
LA diam (cm)	2.8
LA:Ao (Swe)	2.2
IVS thickness (cm)	0.6
LVID diastole (cm)	3.1
PW thickness (cm)	0.6
LVID systole (cm)	1.2
FS (%)	63

PV Vmax (m/s)	0.5
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	4.6
TR Vmax (m/s)	3.2
TR PG (mmHg)	42

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing severe mitral and mild tricuspid regurgitation. Significant left atrial and ventricular enlargement indicates there is an elevated risk for spontaneous congestive heart failure. Mild pulmonary hypertension is noted, which should be monitored going forward. No additional issues are identified.

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Rhode Island Animal
Medical Center

REFERRING VET

Dr. Hart

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 (mild seen), an arrhythmia (not appreciated) and/or blood pressure swings/vasovagal 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.

INVOICE

25905

DATE

8/19/22



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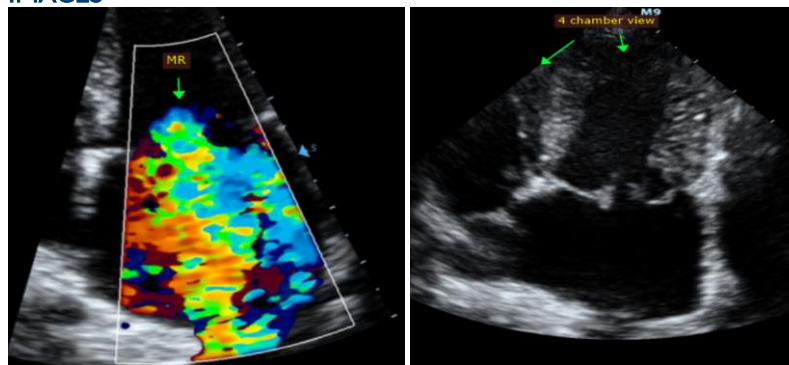
RECOMMENDATIONS

- 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.

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.

IMAGES



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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