



PATIENT

Lary Rodriguez

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Male Neutered

AGE

10 years

WEIGHT

10.8lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

G. Ferrer, DVM

HOSPITAL NAME

Paseos Veterinary
Center

REFERRING VET

Dr. Mendoza Rosado

INVOICE

32088

DATE

8/2/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. Increased cough that is now constant. Grade 5/6 heart murmur.
-Current medications: Started Temaril P, Furosemide 20mg: 1.2 BID, Vetmedin 1.25mg: 1SID, Enalapril 2.5mg 1 BID. Early cardiac diet.
-Radiographs: Cardiomegaly. Mass effect noted.
-Abnormal PE/Chem/CBC/UA Results: CBC EOS: 1.40, CHEM BUN: 34. 4DX: negative.
-Pertinent previous echo findings (3/2022 MML): Mild to moderate MR, mild LAE, no LVE, mild to moderate TR: 2.7m/s. LA; 1.7, LV; 3.1.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets with minimal prolapse into the left atrial lumen. Moderate anterior-directed mitral regurgitation with moderate left atrial dilation. Normal MR velocity. Normal LV diameter with adequate myocardial function. The tricuspid valve appears thickened with mild to moderate tricuspid regurgitation. Mildly elevated velocity. Normal right atrial and ventricular diameter and morphology. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. No obvious aortic and trace pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses.

CARDIAC CHART

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	5.0	3.0	NM	1.8	47	80	0.13
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LA 2D short axis Base view (cm)	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
PATIENT	NM	0.6	0.9	4.9	2.2	2.8	1.4
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
BODY WEIGHT DEPENDENT PARAMETERS				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
*Note: All measurements based upon multi-modal images and methods. An average value is reported.				10	1.50 (3.8)	3.27 (3.5)	2.06 (3.1)
				15	1.83 (2.0)	3.71 (2.4)	2.43 (2.1)
				20	2.02 (1.9)	4.14 (2.2)	2.80 (2.0)
				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
				40	2.62 (5.2)	5.48 (6.1)	3.96 (5.4)
				50	2.88 (7.1)	6.07 (8.3)	4.46 (7.4)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease persists with evidence of progression. Previously mild MR has advanced to moderate, with increasing left heart dimensions. The tricuspid leak is stable, with addition of pulmonary hypertension, which is likely secondary to a reported cough. Moderate left atrial enlargement indicates there is relatively low risk for imminent complication, however



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risk for progression to spontaneous congestive heart failure in the future is elevated. No additional issues are identified.

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Based upon these findings, reasonable to continue Pimobendan going forward. **A cough was noted in the prior history as well, suggesting a chronic respiratory issue. Unless CHF was noted on the films (unlikely), Lasix and Enalapril can be safely discontinued.** Further respiratory work-up/treatment is recommended. This may include an empiric course of antibiotics, Hydrocodone, etc. Continued assessment of progression is recommended, with a guarded prognosis going forward (stage B2). Patient may be at risk for development of CHF, arrhythmias, and/or sudden death going forward.

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Omega fatty acid supplementation and mild salt restriction may also be of some long-term benefit. Monitor for development of a progressive cough, labored breathing, exercise intolerance or collapse episodes.

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Anesthetic risk remains mildly elevated. Cardiac protective drug choices (opioid/benzodiazepine premedication, Propofol or alfaxalone induction, iso or sevo gas) are recommended. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Judicious IV fluid rates are recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

WEIGHT

10.8lbs

PLAN

Continue Pimobendan at BID dosing: 0.3mg/kg PO q12h. Unless CHF was confirmed, discontinue Lasix and Enalapril as discussed. Further respiratory work-up/treatment as discussed. Baseline BP recommended.

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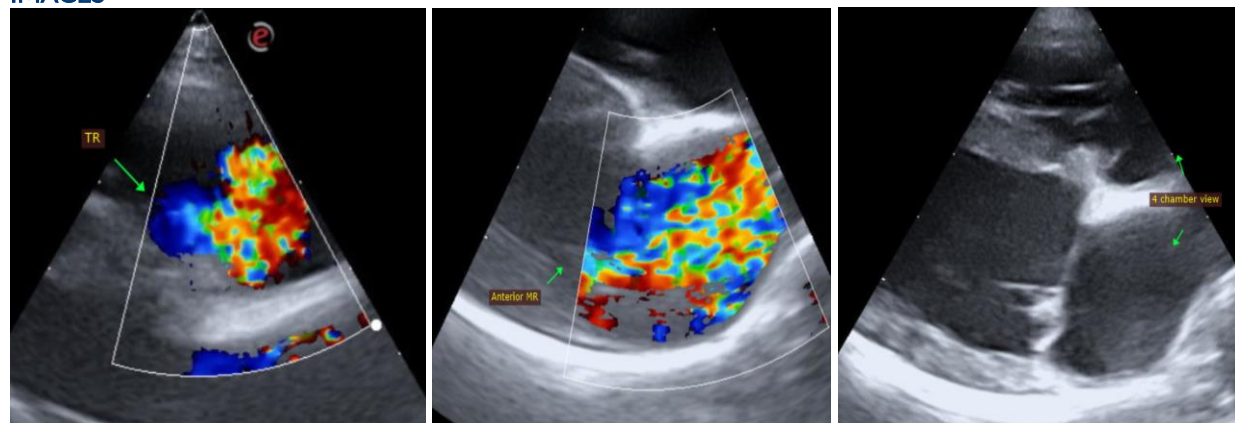
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Recommend monitor for progression with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

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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



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or if I can be of any further assistance, please contact me.

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