



PATIENT

Mattie Ruggiero

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Female Spayed

AGE

11 years

WEIGHT

7.1lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Falmouth Animal
Hospital

REFERRING VET

Dr. Hauser

INVOICE

32508

DATE

8/23/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease- Stage B2. Coughing despite being on cardiac medications. Worsening heart murmur, now grade IV/VI. R/O tracheal collapse vs. lower airway compression from enlarged heart vs. CHF. Appetite off - 1 lb. weight loss x 2 weeks. Radiographs: increased opacity in perihilar region may represent atelectasis or summation of the enlarged left atrium. Mild cardiogenic pulmonary edema cannot be completely ruled out. Moderate mainstream bronchial compression. BP: 185mmHg. On 1) Vetmedin 1.25mg, 3/4tab q12h, 2) Enalapril 2.5mg, 1/2-tab q12h, 3) Furosemide 12.5mg, 1/2 tab at night.
-Pertinent previous echo findings (3/6/23 MML): LA 2.4 cm, LA:Ao 1.8, LV 3.0, moderate LAE, severe MR, moderate TR (3.2 m/s; 43mmHg), early pulmonary hypertension.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is increased with mildly depressed function. LV wall thicknesses are normal.
Left atrium: The left atrium is severely dilated. A small jet of flow can be seen crossing the intra-atrial septum, although this is not definitive.
Mitral valve: The mitral valve is diffusely thickened with minimal prolapse into the left atrial lumen. Severe eccentric mitral regurgitation. Decreased 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 RV enlargement.
Right atrium: Mild RA enlargement.
Tricuspid valve: The tricuspid valve appears mildly thickened with moderate tricuspid regurgitation. Velocity consistent with early PAH.
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 150bpm.

2-Dimensional Measurements

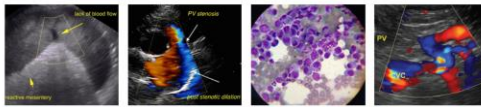
Ao diam (cm)	1.2
LA diam (cm)	2.7
LA:Ao (Swe)	2.2
IVS thickness (cm)	0.5
LVID diastole (cm)	3.5
PW thickness (cm)	0.5
LVID systole (cm)	1.9
FS (%)	44

Doppler Measurements

PV Vmax (m/s)	0.9
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	4.3
TR Vmax (m/s)	3.2
TR PG (mmHg)	40

INTERPRETATION OF THE FINDINGS

Compared to the prior study, there is evidence of progressive left heart enlargement. This puts the disease in the severe category and certainly increases risk for decompensation. Additionally, a small defect is suspected across the atrial septum, which is most likely a small tear due to exceedingly high left atrial pressure. While this is not a life-threatening development, this may put the patient at risk for right-sided CHF (in addition to left) going forward. Mild pulmonary hypertension is unchanged and no additional issues are identified.



PATIENT

Mattie Ruggiero

Given these findings, reasonable to continue full cardiac support, including diuretic therapy at BID dosing as below. The cough is not suspected to be due to CHF based upon an irregular heart rhythm (ie high vagal tone) and lack of response to Lasix. Hydrocodone is the best option for further treatment going forward.

SPECIES

Canine

Prognosis is poor once CHF is diagnosed with an average survival time of <1 year. Patient will always be at risk for recurrent decompensation, maglinant arrythmias and/or sudden death going forward.

BREED

Yorkshire Terrier

RECOMMENDATIONS

- Continue Pimobendan and ACE-I as prescribed.
- Increase Furosemide to 6.25mg PO q12h.
- Institute Spironolactone 1-2mg/kg PO q12h.
- Recommend Hydrocodone as needed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.
- Anesthesia is not advised.

SEX

Female Spayed

AGE

11 years

WEIGHT

7.1lbs

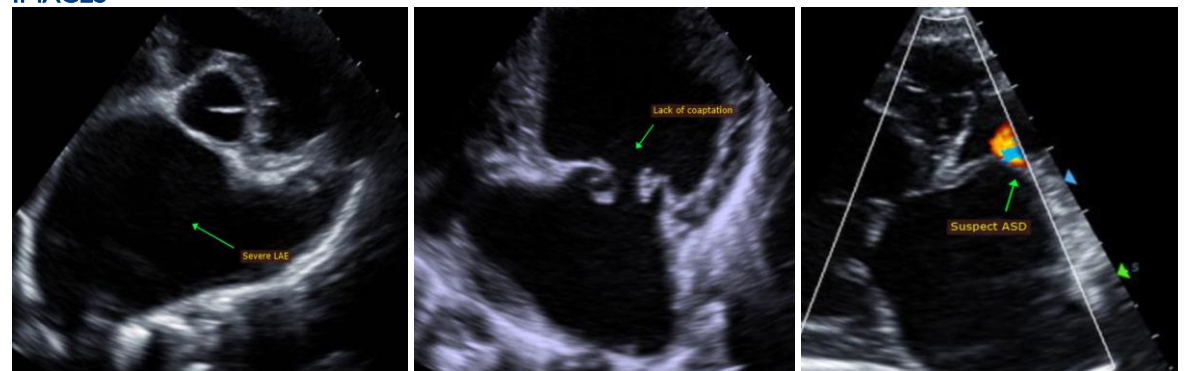
PLAN

- Recheck renal values and BP in 1-2 weeks, then every 3-4 months lifelong.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

INTERPRETED BY

Maggie Machen Lamy, DVM
 DACVIM (Cardiology)

IMAGES



IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Falmouth Animal Hospital

REFERRING VET

Dr. Hauser

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.

INVOICE

32508

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

8/23/23

Maggie Machen Lamy, DVM
 Diplomat of the American College of Veterinary Internal Medicine (Cardiology)
 info@sonopath.com

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