



**PATIENT**

**Santino Santaniello**

**SPECIES**

Canine

**BREED**

Maltese

**SEX**

Male Neutered

**AGE**

11 years

**WEIGHT**

9.25lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING  
PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary  
Specialty Services

**REFERRING VET**

Dr. Masloski

**PRESENTING CLINICAL SIGNS**

History: Recheck. History chronic valvular disease . Currently, his cough has increased a bit when first getting up in the morning. Eating Royal Canin cardiac diet. Rarely labored breathing. Grade IV/VI systolic murmur. BP: C:\Users\mcmac\Desktop\2021-08-25 10\_41\_01-SANJURGO DASH (4y) - 8\_24\_2021 4\_38\_01 PM - Cardiology Canine - RadiAnt DICOM Vi.png120mmHg x 5.  
-Current medications: 1) Pimobendan 1.25mg 1 tab twice a day 2) Glucosamine 1/2 tab every other day 3) Hycodan 5mg 1/4 tab three times a day 4) Multivitamin 1/2 tab daily \*Sedated with propofol.  
-Pertinent previous echo findings ( 2/24/21 MML): LA 2.0 cm; LA:Ao 1.8; LV 2.3 cm; moderate LAE; moderate-severe MR.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and Doppler imaging is available.  
**Left ventricle:** The LV diameter is mildly increased with hyperdynamic myocardial function. LV wall thicknesses are normal.  
**Left atrium:** The left atrium is mild to moderately dilated.  
**Mitral valve:** The mitral valve is diffusely thickened with significant prolapse into the left atrial lumen. Moderate to severe eccentric 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 normal with trace tricuspid regurgitation. Normal velocity.  
**Pulmonary 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)	1.3
LA diam (cm)	2.0
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.52
LVID diastole (cm)	2.5
PW thickness (cm)	0.52
LVID systole (cm)	1.1
FS (%)	56

**Doppler Measurements**

PV Vmax (m/s)	1.2
AoV Vmax (m/s)	0.95
MR Vmax (m/s)	5.2
TR Vmax (m/s)	2.0
TR PG (mmHg)	16

**INTERPRETATION OF THE FINDINGS**

Chronic degenerative valve disease persists with evidence of stability. The left heart dimensions are unchanged with moderate to severe mitral regurgitation. A small tricuspid

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leak is noted; however, pulmonary pressures remain normal. No additional issues are identified.

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Given these findings, no additional medications are indicated. Continue Pimobendan and Hydrocodone are recommended as below. No obvious structural cause for increased coughing is noted and baseline chest radiographs may be useful. Prognosis remains guarded with risk for progression to congestive heart failure and associated clinical signs in the future.

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**RECOMMENDATIONS**

- Continue Pimobendan and Hydrocodone as prescribed.
- Consider radiographs in indicated.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is considered moderately elevated 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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**PLAN**

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

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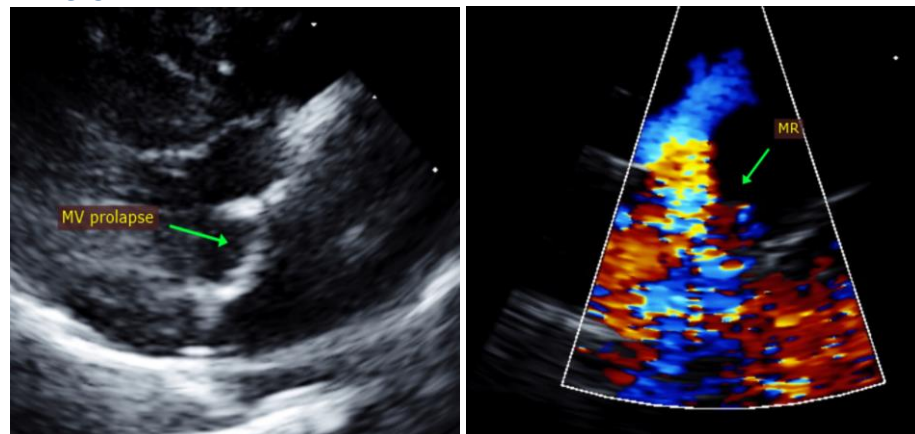
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**IMAGES**





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

**SEX**

Male Neutered

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

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

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