



**PATIENT**

Sparkle Kellogg

**SPECIES**

Canine

**BREED**

Silky Terrier

**SEX**

Female Spayed

**AGE**

14 years

**WEIGHT**

9.81lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

32181

**DATE**

8/7/23

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History chronic valvular disease - advanced. Presently, Sparkle is doing well at home - she has a good appetite. She has been urinating in her bed since the Lasix dose was increased due to increasing resting respiratory rate with cough). She does still cough a bit, usually in the morning . On exam: NSR, grade V/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 110mmHg x 5. Current medications: 1) Pimobendan/vetmedin 1.25mg 1.5 tab two times a day 2) Enalapril 2.5mg 1/2 tab twice a day 3) Spironolactone 12.5mg 1/2 tab twice a day 4) Lasix/furosemide 20mg 1 tab am and pm with 1/2 tab mid-day 5) Diphenoxylate with atropine 2.5mg 1/2 tab am and mid-day with 1 tab pm \*No sedation for study.  
-Pertinent previous echo measurements (2/7/23 MML): LA 3.2cm; LA:Ao 2.3, LV 3.7, TR Vmax 3.4m/s; 46mmHg.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and Doppler imaging is available.  
**Left ventricle:** Marked LV dilation with hyperdynamic myocardial function.  
**Left atrium:** The left atrium is markedly dilated.  
**Mitral valve:** Diffuse nodular thickening of mitral valve leaflets with prolapse into the left atrial lumen. Lack of coaptation in systole. Marked 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 dilation.  
**Right atrium:** Mild right atrial dilation.  
**Tricuspid valve:** The tricuspid valve appears thickened, with mild tricuspid regurgitation. Mildly elevated velocity consistent with mild pulmonary hypertension.  
**Pulmonic valve/Pulmonary artery:** The pulmonic valve is normal in morphology and mobility. The MPA appears mildly dilated. Normal pulmonic outflow velocities with laminar flow. No PI.  
**Pericardium/other:** No pericardial or pleural effusion noted. No obvious cardiac masses.  
**Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 180bpm.

**2-Dimensional Measurements**

Ao diam (cm)	1.2
LA diam (cm)	3.8
LA:Ao (Swe)	3.0
IVS thickness (cm)	0.5
LVID diastole (cm)	4.5
PW thickness (cm)	0.5
LVID systole (cm)	2.5
FS (%)	45

**Doppler Measurements**

PV Vmax (m/s)	0.73
AoV Vmax (m/s)	0.9
MR Vmax (m/s)	4.0
TR Vmax (m/s)	3.2
TR PG (mmHg)	40

**INTERPRETATION OF THE FINDINGS**

Compared to the prior study, there is continued progressive left heart enlargement. The LA and LV are markedly dilated, and the MR increased as well. Mild pulmonary hypertension is unchanged, and no additional issues are identified.

Given these findings, it is encouraging that the patient appears relatively stable at home. Further increases in Lasix dosages should only initiated if the patient has clinical or radiographic signs of CHF. Consider increase Pimobendan as below and decreasing Enalapril due to relative hypotension. It is important to note that this patient is considered end-stage with high risk for acute sudden death at any time.



**PATIENT**  
Sparkle Kellogg

Prognosis is poor to grave long-term; however, it is encouraging the patient is doing well at this time.

**SPECIES**  
Canine

**BREED**  
Silky Terrier

**SEX**  
Female Spayed

**AGE**  
14 years

**WEIGHT**  
9.81lbs

**INTERPRETED BY**  
Maggie Machen Lamy, DVM  
DACVIM (Cardiology)

**IMAGING PERFORMED BY**  
Pamela Harrigan, RDCS

**HOSPITAL NAME**  
Mass Veterinary Services

**REFERRING VET**  
Dr. Masloski

**INVOICE**  
32181

**DATE**  
8/7/23

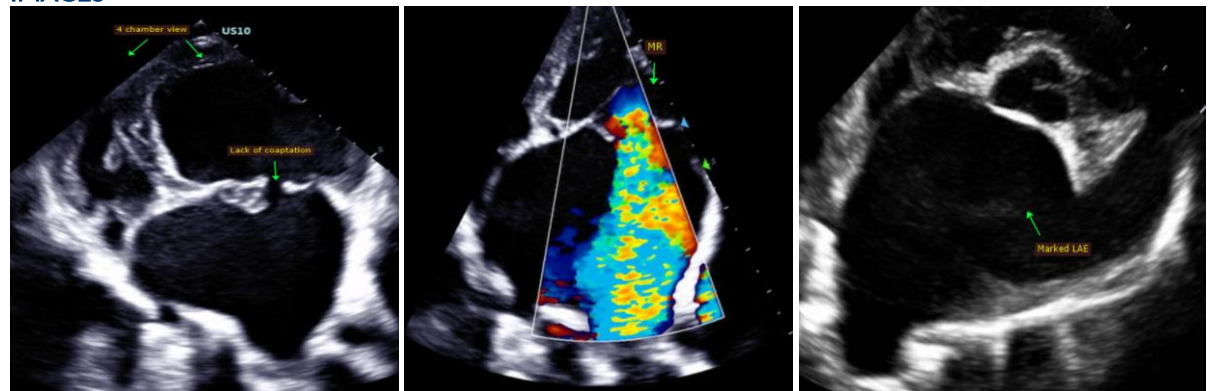
**RECOMMENDATIONS**

- Continue Lasix and Spironolactone as prescribed.
- Increase Pimobendan to TID dosing.
- Decreased Enalapril SID dosing.
- Continue cough suppression as needed.
- 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.
- Elective anesthesia is not advised.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

**PLAN**

- Monitor renal values and BP every 3-4 months lifelong.
- Recommend conservative monitoring with a recheck echocardiogram in 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.

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

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