

PATIENT

Daisy Amabile

SPECIES

Canine

BREED

Chihuahua

SEX

Female Spayed

AGE

12 years

WEIGHT

8lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

26368

DATE

9/14/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Current presentation: Daisy is presently doing well at home with no concerns. Good appetite. Her activity remains normal with two daily walks. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 150mmHg. Medications: Pimobendan/vetmedin 0.9375mg capsule 1 capsule twice a day *No sedation for study.

-Pertinent previous echo findings (1/5/22 Keith Blass, DVM, DACVIM-Cardiology): LA:Ao 1.8; LV 2.42 cm; mild-moderate MR; mild TR (3.14 m/s); mild pulmonary hypertension; mild-moderate LAE.

ECHOCARDIOGRAM FINDINGS

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

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

Left atrium: The left atrium is moderately dilated.

Mitral valve: The mitral valve is diffusely thickened with mild 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. Mild aortic insufficiency.

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: Normal RA dimension.

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

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 130bpm.

2-Dimensional Measurements

Ao diam (cm)	1.2
LA diam (cm)	2.4
LA:Ao (Swe)	2.0
IVS thickness (cm)	0.5
LVID diastole (cm)	2.9
PW thickness (cm)	0.5
LVID systole (cm)	1.1
FS (%)	62

Doppler Measurements

PV Vmax (m/s)	0.92
AoV Vmax (m/s)	1.6
MR Vmax (m/s)	6.0
TR Vmax (m/s)	3.1
TR PG (mmHg)	39

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with evidence of stability. Moderate to severe mitral is potentially slightly increased; however, the left heart dimensions are similar. Mild pulmonary hypertension is unchanged. Finally, a small aortic leak is noted; however, the reported blood pressure is reasonable. No additional issues are identified.

Given these findings, continue Pimobendan is recommended as below. Assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).



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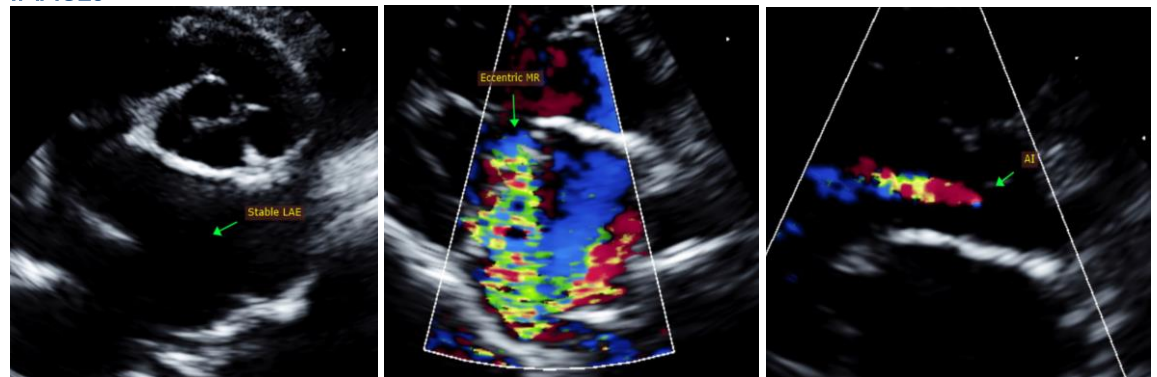
RECOMMENDATIONS

- Continue Pimobendan 0.3mg/kg PO q12h.
- Monitor BP every 6 months.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is considered mild 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.

PLAN

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