



PATIENT

Diesel Spooner

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Male Neutered

AGE

14 years

WEIGHT

13lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

26366

DATE

9/14/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage C. Current presentation: Diesel is overall doing well but has become more whiny, begging more and shaking a bit more. He does cough/hack ~ once a day. He is presently eating well with normal activity. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 160 mmHg x 3. Medications: 1) Pimobendan/vetmedin 1.25mg 1 tab three times a day 2) Enalapril 2.5mg 1 tab daily 3) Lasix/furosemide 12.5mg 1 tab three times a day 4) Hydrocodone with homatropine/hycodan 5mg 1/2 tab twice a day 5) Spironolactone 25mg 1/4 tab twice a day *Sedated with propofol for study.

- Pertinent previous echo findings (3/29/22 Maggie Machen Lamy, DVM, DACVIM-Cardiology): LA 2.8 cm; LA:Ao 2.0; LV 2.6 cm; moderate-severe MR; mild LVE; severe MR; trivial TR.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: No LV dilation with adequate myocardial function.

Left atrium: The left atrium is moderately dilated.

Mitral valve: Diffuse thickening of mitral valve leaflets 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. No aortic insufficiency.

Right ventricle: Normal RV.

Right atrium: Normal right atrium.

Tricuspid valve: The tricuspid valve appears thickened, with trivial tricuspid regurgitation. Normal velocity.

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 160bpm.

2-Dimensional Measurements

Ao diam (cm)	1.3
LA diam (cm)	2.4
LA:Ao (Swe)	1.7
IVS thickness (cm)	0.8
LVID diastole (cm)	2.1
PW thickness (cm)	0.8
LVID systole (cm)	0.9
FS (%)	57

Doppler Measurements

PV Vmax (m/s)	1.1
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	5.3
TR Vmax (m/s)	2.5
TR PG (mmHg)	25

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with evidence of stability. No progression in left heart dimensions is seen; on the contrary, the left heart appears volume contracted. This is unusual to see with advanced disease and lab work is strongly recommended. No significant progression is identified indicating the overall clinical picture is relatively stable.

Given these findings, reasonable to continue medications going forward; however, a dose decrease in Lasix is advised.



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The average survival time of canine patients with active pulmonary edema is 8-9 months on medications, however they generally are able to maintain a good quality of life for that period. Patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

SPECIES
Canine

RECOMMENDATIONS

- Decrease Lasix to 12.5mg PO q12h.
- Continue 3 additional medications as prescribed.
- Baseline lab work recommended to determine if volume depletion is present.
- Continue cough suppression as needed for QOL (hydrocodone, 0.2-0.4mg/kg up to q4-6h PRN) for any residual mechanical cough in the face of normal sleeping respiratory rates.
- 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.

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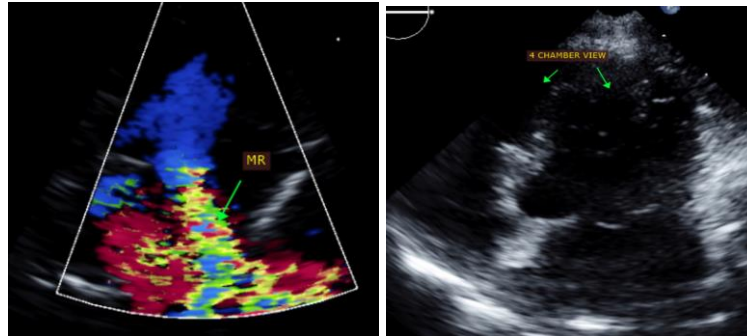
PLAN

- 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.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGES



IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

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.

REFERRING VET

Dr. Masloski

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.

INVOICE

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DATE

9/14/22

Echocardiogram performed by:

Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)