



PATIENT

Perla Santos

SPECIES

Canine

BREED

Mix

SEX

Female Spayed

AGE

10 years

WEIGHT

11.14lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDMS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

26375

DATE

9/14/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B1. Current presentation: Perla has been coughing primarily when it is hot and humid. No labored breathing. She has been eating well with normal activity. On exam: NSR, grade III/VI murmur with PMI left apical area, PSS, lung fields clear. BP: 150mmHg x 5. Current medications: 1) Pimobendan/vetmedin 1.25mg 1 tab twice a day 2) Hydrocodone with homatropine 5mg 1/4 tab as needed *No sedation for study.

-Pertinent previous echo findings (3/2/22 Maggie Machen Lamy, DVM, DACVIM-Cardiology): LA 1.7 cm; LA:Ao 1.55; LV 2.3 cm; mild LAE; mild-moderate MR; mild-moderate TR (2.9 m/s; 34 mmHg); early pulmonary hypertension.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is mildly dilated with adequate 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 mild prolapse into the left atrial lumen. Mild to moderate 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 indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: Normal RA dimension.

Tricuspid valve: The tricuspid valve appears mildly thickened with mild septal prolapse and mild to moderate 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)	1.1
LA diam (cm)	1.8
LA:Ao (Swe)	1.6
IVS thickness (cm)	0.6
LVID diastole (cm)	2.8
PW thickness (cm)	0.6
LVID systole (cm)	1.1
FS (%)	60

Doppler Measurements

PV Vmax (m/s)	1.0
AoV Vmax (m/s)	1.8
MR Vmax (m/s)	5.8
TR Vmax (m/s)	2.9
TR PG (mmHg)	34

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with evidence of continued stability. Mild to moderate mitral and tricuspid regurgitation are unchanged with stable pulmonary pressures The LV is mildly increased comparatively; however, the LA is unchanged. No additional issues are identified.

Continued assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1/B2).



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Given these findings, continue Pimobendan as prescribed. The cough is suspected to be non-cardiac in origin and other possibilities should be considered. Primary airway disease is suspected given the chronicity of the symptom and more aggressive Hydrocodone is recommended.

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RECOMMENDATIONS

- Continue Pimobendan 0.3mg/kg PO q12h.
- Consider primary respiratory cause of coughing. CXR, course of Baytril, more aggressive Hydrocodone, etc. may be beneficial.
- 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.

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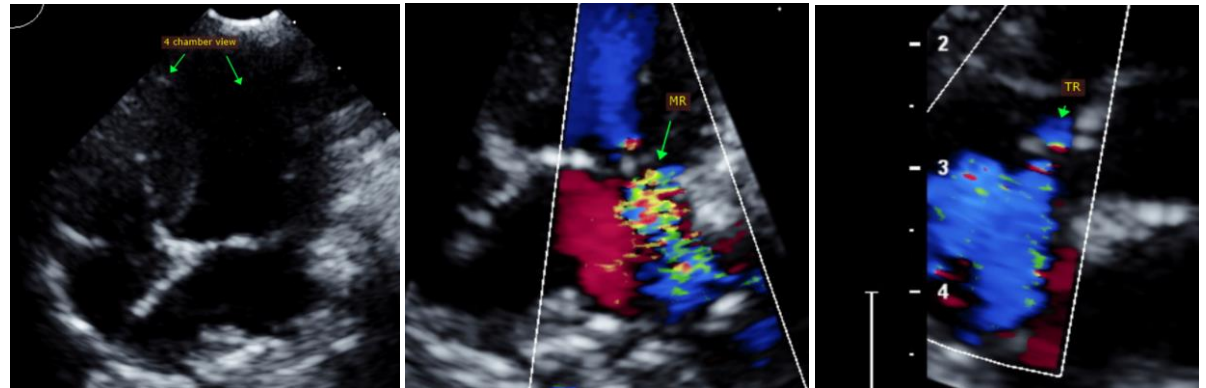
PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 6-8 months, sooner if any development of clinical signs.

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DACVIM (Cardiology)

IMAGES



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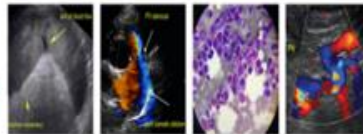
The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

DATE
9/14/22

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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