



PATIENT

Bella Peterson

SPECIES

Canine

BREED

Chihuahua

SEX

Female Spayed

AGE

10 years

WEIGHT

5.5lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - early B2, stable on prior echocardiogram. Current presentation: Bella is doing well; occasionally has some soft stool. No current C/S/V/D/PU/PD. She is eating well and remains active. CV/RESP: Arrhythmia, grade IV/VI murmur with PMI left apical area with grade II/VI murmur noted on right. PSS, lung fields clear, coughs easily with tracheal pressure. 120mmHg x 5.

-Current medications: 1) Hycodan 5mg/5mls 0.5mls twice a day---not giving 2) Pimobendan/vetmedin 1.25mg 1/2 tab twice a day *Sedated with propofol.

-Pertinent previous echo findings (3/23/21 MML): LA 2.2 cm LA:Ao 1.5 cm; LV 2.4 cm; mild LAE; moderate MR; mild TR (2.3 m/s).

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is normal with adequate 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 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 normal with mild tricuspid regurgitation; normal velocity.

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.

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Specialty Services

REFERRING VET

Dr. Masloski

INVOICE

21035

DATE

9/15/21

2-Dimensional Measurements

Ao diam (cm)	1.3
LA diam (cm)	2.0
LA:Ao (Swe)	1.5
IVS thickness (cm)	0.48
LVID diastole (cm)	2.5
PW thickness (cm)	0.49
LVID systole (cm)	1.1
FS (%)	56

Doppler Measurements

PV Vmax (m/s)	0.9
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	5.8
TR Vmax (m/s)	2.7
TR PG (mmHg)	30

INTERPRETATION OF THE FINDINGS

Largely unchanged chronic degenerative valve disease with moderate mitral and mild tricuspid regurgitation. The left heart dimensions are stable, and no concurrent issues are identified.

A respiratory sinus arrhythmia is seen on the screening ECG. If this does not match what was heard on exam, a longer tracing and/or holter monitor may be required. Given these findings, no obvious indication for additional medications.



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Continue assessment of progression in the future will help predict long term prognosis, which remains highly variable at this stage (B2).

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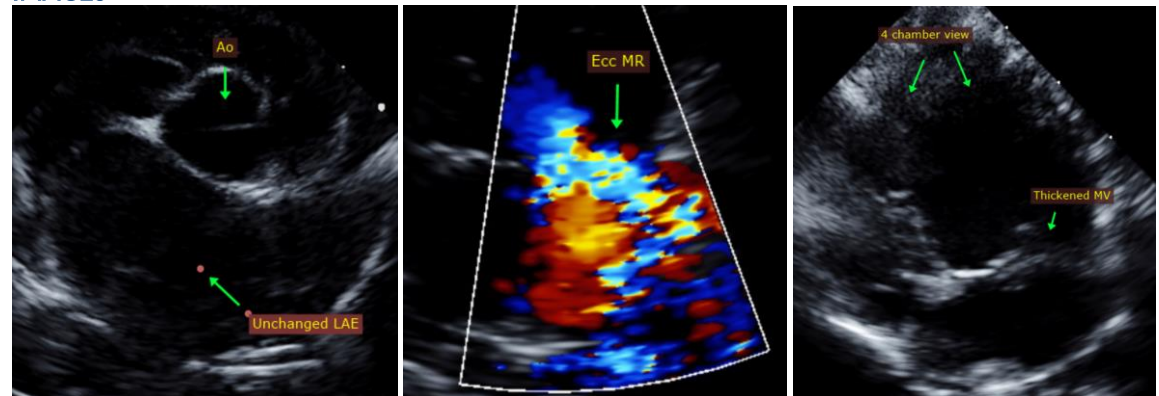
RECOMMENDATIONS

- Continue Pimobendan and Hydrocodone as prescribed.
- 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.
- Consider a long ECG and/or holter monitor if 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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info@sonopath.com

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