



PATIENT

Nenita Ramirez

SPECIES

Canine

BREED

Terrier Mix

SEX

Female Spayed

AGE

13 years

WEIGHT

22.2lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Specialty Services

REFERRING VET

Dr. Masloski

INVOICE

21041

DATE

9/15/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Current presentation: Nenita has been coughing at night and when excited. She is eating well with normal activity. The owner reports a bit of labored breathing when she is sleeping. CV/RESP: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 160 mmHg. BP: 160mmHg.

-Current medications: 1) Pimobendan/vetmedin 7.5mg 1/3 tab twice a day 2) Enalapril 5mg 1 tab twice a day *No sedation.

-Pertinent previous echo findings (1/12/21 MML): LA 3.1 cm; LA:Ao 1.8 LV 4.1 cm; moderate LAE; moderate LVE; moderate-severe MR: trace TR.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV is moderately dilated 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 significant 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 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 trace tricuspid regurgitation.

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 140bpm.

2-Dimensional Measurements

Ao diam (cm)	1.7
LA diam (cm)	2.8
LA:Ao (Swe)	1.6
IVS thickness (cm)	0.71
LVID diastole (cm)	4.3
PW thickness (cm)	0.68
LVID systole (cm)	1.8
FS (%)	58

Doppler Measurements

PV Vmax (m/s)	1.0
AoV Vmax (m/s)	1.7
MR Vmax (m/s)	6.1
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with evidence of relative stability. Moderate to severe mitral regurgitation is unchanged with moderate left heart enlargement. The mitral valve appears to be significantly prolapsing which was not previously documented; however, no obvious compensation is identified at this time. No additional issues are identified.

Given these findings, recommend continue two cardiac medications as previously recommendation. Hydrocodone can be used if needed for quality of life. If any persistent change in breathing at home, repeat chest radiographs are strongly recommended. Prognosis remains guarded at this stage (B2).



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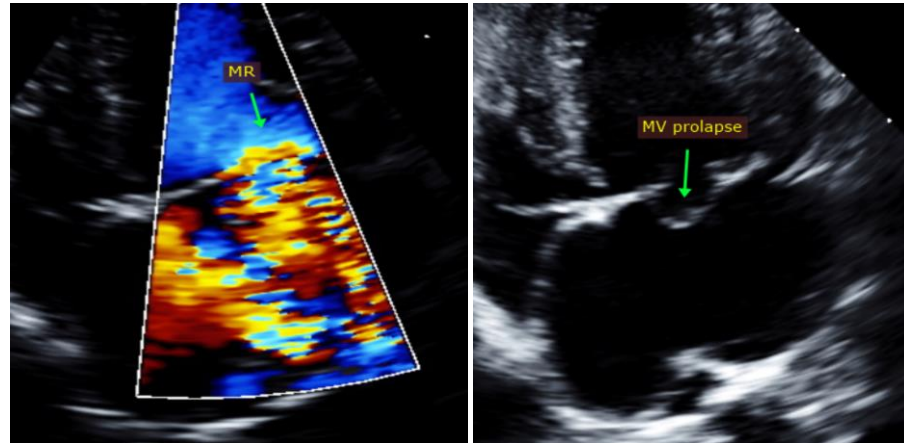
RECOMMENDATIONS

- Continue Pimobendan and ACE-I as prescribed.
- Consider CXR, hydrocodone, etc. as discussed.
- 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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info@sonopath.com

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