



PATIENT

Abby Brenton

SPECIES

Canine

BREED

Terrier Mix

SEX

Female Spayed

AGE

10 years

WEIGHT

13.6lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Compassionate Care
Veterinary Clinic

REFERRING VET

Dr. Roman

INVOICE

21076

DATE

9/16/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Current presentation: Abby is doing fairly well but has increased coughing.

-Current medications: Pimobendan 1.25 mg BID. BP: 190,192, 198mmHg.
-Pertinent previous echo findings (9/21/20 MML): LA 2.0 cm; LA:Ao 1.75; LV 2.61; moderate LAE; moderate MR; mild-moderate TR (3.05 m/s; 37 mmHg); mild pulmonary hypertension.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: Moderately increased LV diameter with hyperdynamic myocardial function. LV wall thicknesses are normal.

Left atrium: The left atrium is moderate to severely dilated.

Mitral valve: Diffuse thickening of mitral valve leaflets (anterior>posterior) with prolapse into the left atrial lumen. 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 mildly thickened with mild to moderate tricuspid regurgitation. Velocity consistent with mild 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)	2.2
LA:Ao (Swe)	1.9
IVS thickness (cm)	0.67
LVID diastole (cm)	3.2
PW thickness (cm)	0.67
LVID systole (cm)	1.2
FS (%)	61

Doppler Measurements

PV Vmax (m/s)	0.83
AoV Vmax (m/s)	1.6
MR Vmax (m/s)	6.4
TR Vmax (m/s)	3.2
TR PG (mmHg)	40

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with evidence of progression. Moderate disease has become severe with increasing left heart dimensions. The right heart/pulmonary hypertension is unchanged, and no additional issues are identified.

Given these findings, consider addition of an ACE-I and Spironolactone based upon these changes. No indication for Lasix prior to onset of congestive heart failure; however, close monitoring of breathing rates is advised. An increase in coughing is most likely mechanical in origin due to increased heart size; however, chest radiographs should always be considered. Continued assessment of progression in the future will help predict long term outcome; however, prognosis is guarded at this stage (B2).



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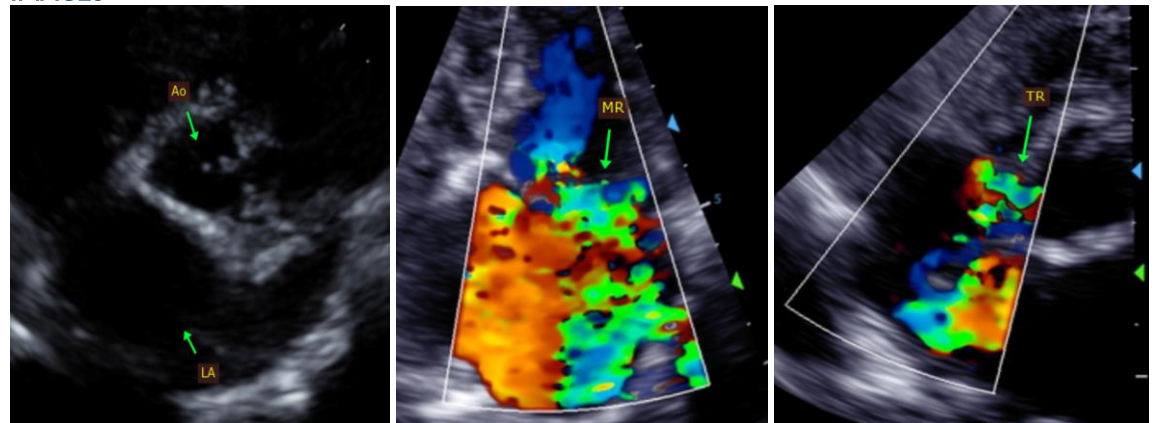
RECOMMENDATIONS

- Continue Pimobendan 0.25-0.3mg/kg PO q12h.
- Consider institute ACE-I 0.5mg/kg PO q12h.
- Consider institute Spironolactone 1-2mg/kg PO q12h.
- Consider Hydrocodone as discussed.
- Consider chest radiographs if not recently performed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Elective anesthesia is not advised given high risk for complication.
- 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.

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