



PATIENT

Mattie Ruggiero

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Male Neutered

AGE

10 years

WEIGHT

8lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Falmouth Animal
Hospital

REFERRING VET

Dr. Switzer

INVOICE

26431

DATE

9/19/22

PRESENTING CLINICAL SIGNS

History: Presented for worsening cough over past few months. On exam he is BAR, TPR wnl. New grade II/VI systolic murmur. Coughs on tracheal palpation, dry honking cough intermittently when walking around. Radiographs show mild cardiomegaly. No evidence of pulmonary edema. BP: 172, 180, 190 (stressed). Sedated with butorphanol and alfaxalone. Started Pimobendan 0.25mg/kg BID.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is borderline increased 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 minimal 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: Mild RV enlargement.

Right atrium: Mild RA enlargement.

Tricuspid valve: The tricuspid valve appears mildly thickened with moderate tricuspid regurgitation. Velocity consistent with early PAH.

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 120bpm.

2-Dimensional Measurements

Ao diam (cm)	1.4
LA diam (cm)	2.4
LA:Ao (Swe)	1.75
IVS thickness (cm)	0.6
LVID diastole (cm)	2.6
PW thickness (cm)	0.6
LVID systole (cm)	1.5
FS (%)	44

Doppler Measurements

PV Vmax (m/s)	1.2
AoV Vmax (m/s)	1.7
MR Vmax (m/s)	5.6
TR Vmax (m/s)	3.2
TR PG (mmHg)	42

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing moderate mitral and tricuspid regurgitation. Moderate left atrial enlargement indicates there is relatively low risk for imminent complication, however risk for progression to spontaneous congestive heart failure in the future is elevated. Early pulmonary hypertension with mild right heart is noted which is likely secondary to chronic LA pressure elevation and a chronic cough. No additional issues are identified.

Given LA dilation, continued Pimobendan is recommended as below. Assessment of progression in the future will help predict long term outcome; however, prognosis is guarded at this stage (B2).



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The cough is suspected to be due to a combination of mainstem bronchi compression and potentially airway disease in this predisposed breed. Repeat chest films, hydrocodone, etc. may be useful for quality of life. The response to Prednisone would certainly suggest primary respiratory component, which may warrant further evaluation/treatment.

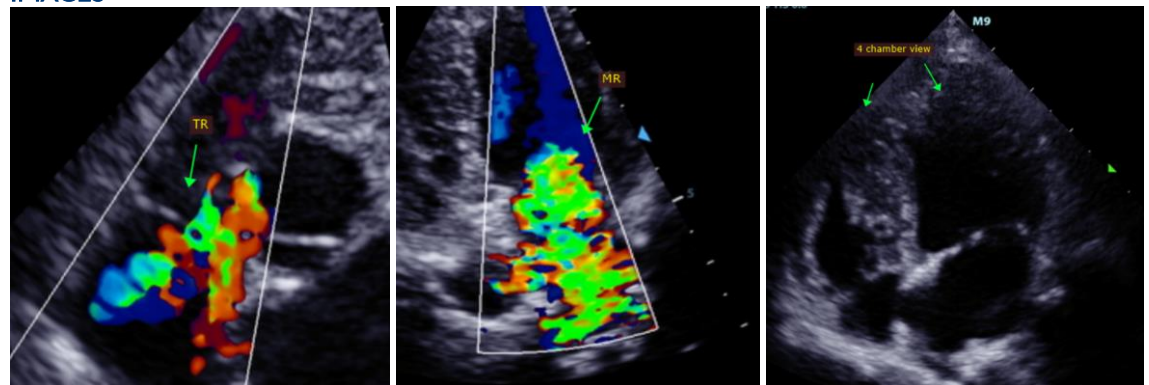
RECOMMENDATIONS

- Continue heart muscle support Pimobendan 0.25-0.3mg/kg PO q12h.
- Repeat chest films, hydrocodone, etc. may be useful for quality of life.
- 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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