



PATIENT
Babaloo Kennedy

SPECIES
Canine

BREED
Havanese

SEX
Male Neutered

AGE
13 years

WEIGHT
18.9lbs

INTERPRETED BY
Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Current presentation: He occasionally coughs when pulling on his harness and when lying down. Otherwise, doing well with a good appetite and normal activity level. CV/RESP: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear, coughs with tracheal pressure. BP: 110mmHg x 3.

-Current medications: 1)Pimobendan/vetmedin 5mg 1/2 tab twice a day 2) Enalapril 5mg 1 tab am with 1/2 tab pm 3) Spironolactone 25mg 1/2 tab am with 1/4-tab pm.

-Pertinent previous echo findings (3/12/21): LA 2.68 cm; LA:Ao 1.72; LV 3.55 cm; moderate LAE; severe MR; mild TR (2.99 m/s) - mild pHTN.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is mildly increased with hyperdynamic function. LV wall thicknesses are normal.

Left atrium: The left atrium is moderately dilated.

Mitral valve: The mitral valve is significantly thickened with significant prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with a normal velocity.

Aortic valve/Aorta: The aortic valve appears thickened with borderline increased 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 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 150bpm.

IMAGING PERFORMED BY
Pamela Harrigan,
RDCS

HOSPITAL NAME
Mass Veterinary
Specialty Services

2-Dimensional Measurements

Ao diam (cm)	1.7
LA diam (cm)	2.8
LA:Ao (Swe)	1.6
IVS thickness (cm)	0.69
LVID diastole (cm)	3.1
PW thickness (cm)	0.67
LVID systole (cm)	1.7
FS (%)	45

Doppler Measurements

PV Vmax (m/s)	0.81
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	4.5
TR Vmax (m/s)	1.8
TR PG (mmHg)	14

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with findings similar to the prior study. The LA dimension is largely unchanged, and the LV measures slightly decreased comparatively. No pulmonary hypertension or additional issues are identified.

REFERRING VET
Dr. Masloski

INVOICE
21133

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Given these findings, the risk for spontaneous congestive heart failure may be elevated going forward and continued cardiac supportive medications are indicated as prescribed. No obvious need for additional medications at this time. Hydrocodone can be utilized if needed for quality of life. Assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (late B2). Unfortunately, the patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.



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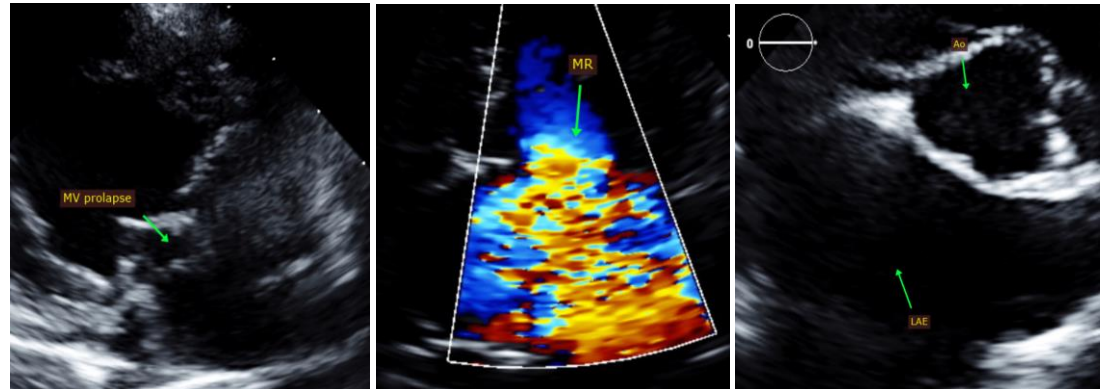
RECOMMENDATIONS

- Continue 3 medications as prescribed.
- Consider Hydrocodone for quality of life.
- Close monitoring for development of associated clinical signs (development of a cough, labored breathing, exercise intolerance or worsening collapse episodes) is recommended. Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF at home.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Mild activity restriction is advised.
- Elective anesthesia is not advised, as there is high risk for complication. If necessary, cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, iso or sevoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction and recover in O2 cage. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Moderate IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

PLAN

- A renal panel is recommended every 3-4 months lifelong.
- 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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Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)