



PATIENT

Lucky Waterhouse

SPECIES

Canine

BREED

Cavalier

SEX

Male Neutered

AGE

8 years

WEIGHT

34.4lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Wignall Animal
Hospital

REFERRING VET

Dr. Colella

INVOICE

26502

DATE

9/22/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - B2. Grade V/VI systolic murmur. Coughing more. Frequent panting. Echocardiogram prior to anesthesia for dental procedure. Medications: Hydrocodone 1-tab q8h. Pimobendan 5mg BID. BP: 146, 148, 149mmHg -Pertinent previous echo findings (4/8/21 MML): LA 3.2 cm; LA: Ao 1.77, LV 3.4 cm; moderate LAE; moderate MR, mild TR (2.5 m/s).

ECHOCARDIOGRAM FINDINGS

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

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

Left atrium: The left atrium is severely dilated.

Mitral valve: The mitral valve is diffusely thickened with significant prolapse into the left atrial lumen. Marked 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 right ventricular enlargement.

Right atrium: Mild RA enlargement.

Tricuspid valve: The tricuspid valve appears thickened with septal prolapse and moderate tricuspid regurgitation. Velocity consistent with early 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 160bpm.

2-Dimensional Measurements

Ao diam (cm)	2.0
LA diam (cm)	4.0
LA:Ao (Swe)	2.2
IVS thickness (cm)	0.8
LVID diastole (cm)	5.2
PW thickness (cm)	0.8
LVID systole (cm)	2.8
FS (%)	47

Doppler Measurements

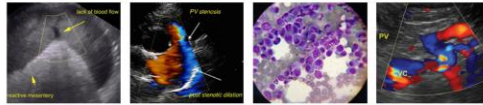
PV Vmax (m/s)	0.96
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	5.3
TR Vmax (m/s)	3.2
TR PG (mmHg)	41

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with evidence of significant progression. Moderate mitral regurgitation has become marked with increasing left atrial and ventricular enlargement. The tricuspid regurgitation has progressed as well with mild pulmonary hypertension. No additional issues are identified.

Given progression to severe disease and reported respiratory signs, there is great concern for imminent CHF and full medications are warranted as below. Hydrocodone may be useful for quality of life. That being said, there is high risk for decompensation in the future and close monitoring of breathing rates is advised.

Prognosis remains guarded long-term with risk for spontaneous CHF, development of malignant arrhythmias, and/or sudden death in the future.



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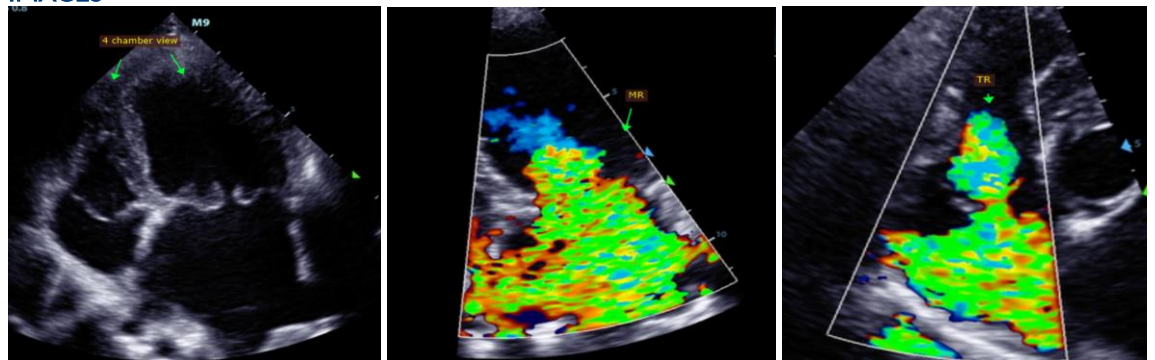
RECOMMENDATIONS

- Baseline CXR recommended.
- Institute Lasix 1-2mg/kg PO q12h.
- Continue Pimobendan as prescribed.
- Institute Spironolactone 1-2mg/kg PO q12h.
- Institute ACE-I 0.5mg/kg PO q12h.
- Consider Hydrocodone for quality of life.
- **Elective anesthesia is not advised.**
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- 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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