



PATIENT

Ella Lituri

SPECIES

Canine

BREED

Chihuahua

SEX

Female Spayed

AGE

15 years

WEIGHT

7.55lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Littleton Animal
Hospital

REFERRING VET

Dr. Brooks

INVOICE

21198

DATE

9/23/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. History moderate-severe CVD with PAH and severe LAE. Is coughing. BP: 190-200mmHg.

-Pertinent previous echo findings (9/17/20): LA 3.7 cm; LA:Ao 2.85; LV 3.65 cm; marked LAE with spontaneous contrast; moderate LVE; mild RAE/RVE; 3+ MR; 1+ TR (4.1 m/s).

-Current medications: Lasix 6.25mg q12h, Pimobendan 1.25mg q2h, Enalapril 1.25mg q12h, Ursodiol 30mg q24h.

ECHOCARDIOGRAM FINDINGS

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

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

Left atrium: The left atrium is markedly dilated and bulbous in appearance.

Mitral valve: The mitral valve is markedly thickened with prolapse into the left atrial lumen. Severe 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 dilation.

Right atrium: Mild RA dilation.

Tricuspid valve: The tricuspid valve appears mildly thickened with mild tricuspid regurgitation. Velocity consistent with mild pulmonary hypertension.

Pulmonary 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)	1.2
LA diam (cm)	2.9
LA:Ao (Swe)	2.5
IVS thickness (cm)	0.57
LVID diastole (cm)	3.2
PW thickness (cm)	0.56
LVID systole (cm)	1.5
FS (%)	53

Doppler Measurements

PV Vmax (m/s)	0.66
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	5.1
TR Vmax (m/s)	3.4
TR PG (mmHg)	46

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with findings similar to the prior study. Although stable, marked LA enlargement remains indicating high risk for complication. The pulmonary pressures are slightly improved, and no additional issues are identified.

A cough in this patient is likely due to mainstem bronchi compression in addition to likely primary airway disease. Consider hydrocodone if needed for quality of life. Recurrent CHF is less likely given the nature of the symptom; however, chest radiographs are always recommended with recurrent signs. Given the severity of disease (independent of clinical signs), recommend institute Spironolactone as an ancillary medication for potential long-term benefit. Continue additional medications as prescribed.



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Prognosis remains poor long term, with most dogs succumbing to CHF after 8-12 months on medications. 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 Lasix, Enalapril and Pimobendan as prescribed.
- Institute Spironolactone 1-2mg/kg PO q12h.
- Baseline CXR strongly recommended.
- If no recurrent CHF, Hydrocodone is recommended to improve quality of life.
- If CHF is identified or any change in breathing develops, increase Lasix by 25-50%.
- Monitor renal values and BP every 3-4 months lifelong.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Elective anesthesia is not advised.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes. Monitoring of sleeping breathing rates is the best way to assess for recurrent CHF in the future.

PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

IMAGES



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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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