



PATIENT

Chika Hurtado

SPECIES

Canine

BREED

Chihuahua

SEX

Female Intact

AGE

11 years

WEIGHT

12.38lbs

PRESENTING CLINICAL SIGNS

History: Grade III/VI holosystolic murmur. History occasional coughing/hacking, suspect tracheal collapse. Bilateral otitis externa; chronic cherry eye and scleritis; dental disease.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is normal with adequate myocardial function. LV wall thicknesses are normal.

Left atrium: The left atrium is normal.

Mitral valve: The mitral valve is mildly thickened with no prolapse into the left atrial lumen. Trace mitral regurgitation.

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; 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 140bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.4
LA diam (cm)	1.7
LA:Ao (Swe)	1.2
IVS thickness (cm)	0.6
LVID diastole (cm)	2.1
PW thickness (cm)	0.6
LVID systole (cm)	1.1
FS (%)	49

Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	NA
TR Vmax (m/s)	2.2
TR PG (mmHg)	20

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Compassionate Care
Veterinary Clinic

REFERRING VET

Dr. Louissaint

INVOICE

21212

DATE

6/24/21

INTERPRETATION OF THE FINDINGS

The cause of the murmur is chronic degenerative valve disease causing trace mitral and mild to moderate tricuspid regurgitation. Lack of significant right atrial enlargement indicates the current risk for complication is low. It is somewhat unusual to see TR quantitatively greater than MR; however, no pulmonary hypertension or exacerbating issues are identified. Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1).

RECOMMENDATIONS

- Given these findings, no cardiac medications are clearly indicated.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- No cardiac contraindication for general anesthesia prior to chamber enlargement.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.



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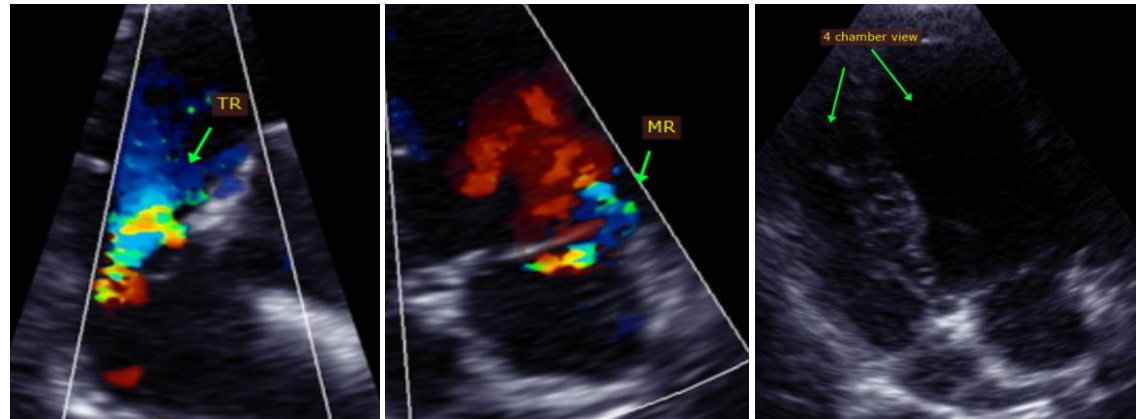
DATE

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PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 6-12 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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