



PATIENT

Winnie Cecchetto

SPECIES

Canine

BREED

Pug

SEX

Female Spayed

AGE

6 years

WEIGHT

18lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

East Boston
Veterinary Hospital

REFERRING VET

Dr. Syed

INVOICE

21222

DATE

9/26/21

PRESENTING CLINICAL SIGNS

History: Cough, no murmur. Blood pressure 192,193mmHg. Radiographs: mild left-sided cardiomegaly, cranial mediastinal widening. Medications: Hydrocodone 5mg, 1t PRN

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 normal.

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

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)	1.3
LA diam (cm)	1.4
LA:Ao (Swe)	1.1
IVS thickness (cm)	0.74
LVID diastole (cm)	2.2
PW thickness (cm)	0.76
LVID systole (cm)	1.1
FS (%)	48

Doppler Measurements

PV Vmax (m/s)	0.71
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	NA
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

INTERPRETATION OF THE FINDINGS

Overtly normal cardiac dimensions and function, with no obvious dysfunction or dilation of the left heart. No significant valvular leaks are visualized, and no evidence of pulmonary hypertension. No additional issues are identified.

No cardiac medications are indicated at this time as the cough is certainly non-cardiac in origin. Continued work up for infectious/inflammatory respiratory causes is recommended if the cough persists/recurs. Chronic respiratory signs can lead to pulmonary hypertension if poorly controlled and monitoring at home is advised for exertional syncope or dyspnea.

The reported blood pressure is elevated, and should be reassessed for accuracy particularly given no reported clinical signs of severe hypertension (retinal changes, etc) or evidence of LVH on echo. Ideally obtain serial measurements in a controlled, low stress environment and continue until 3 consecutive readings plateau within 5mmHg of variability. If persistently >180mmHg despite a relatively calm demeanor, recommend institution of amlodipine to effect. Additionally if deemed accurate, screening for



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predisposing underlying causes of SHT is recommended (Cushings, PLN, adrenal tumor, etc), as primary disease is relatively uncommon and a rule out diagnosis.

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These findings would suggest the cardiomegaly on CXR is a normal variant. These films should be used as a baseline for further comparison.

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RECOMMENDATIONS

- No cardiac medications are clearly indicated.
- Reassess BP as discussed.
- No cardiac contraindication for general anesthesia.
- Monitor for development of a murmur, cough, labored breathing, exercise intolerance or collapse episodes.

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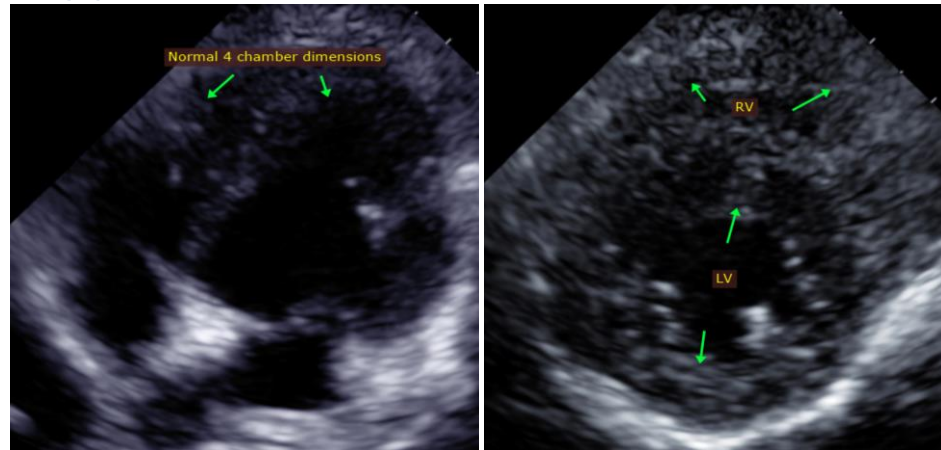
PLAN

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- A recheck echocardiogram is recommended should a murmur or signs of progressive PAH be noted in the future.

IMAGES

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 Pamela Harrigan,
 RDCS

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.

HOSPITAL NAME
 East Boston
 Veterinary Hospital

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.

REFERRING VET
 Dr. Syed

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