



**PATIENT**

Lilly Lamas

**SPECIES**

Canine

**BREED**

Coton de Tulear

**SEX**

Female Spayed

**AGE**

9 years

**WEIGHT**

9.5lbs

**INTERPRETED BY**

Maggie Machen  
Lamy, DVM  
DACVIM (Cardiology)

**IMAGING  
PERFORMED BY**

Pamela Harrigan,  
RDCS

**HOSPITAL NAME**

Mass Veterinary  
Specialty Services

**REFERRING VET**

Dr. Masloski

**INVOICE**

20911

**DATE**

9/7/21

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. History chronic valvular disease - late B2 with progression noted on prior echocardiogram. Current presentation: Only occasional coughing at this point. Some labored breathing that seems to be associated with thunderstorms. Her activity is otherwise normal. Her appetite is typical for her---always a bit of a finicky eater. CV/RESP: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear, no cough with tracheal pressure. BP: 130mmHg x 5.

-Current medications: 1) Pimobendan/vetmedin 2.5mg 1/2 tab twice a day 2) Spironolactone 25mg 1/4 tab twice a day 3) Lasix/furosemide 12.5mg 1/2 tab twice a day 4) Enalapril 2.5mg 1 tab twice a day.

-Pertinent previous echo findings (3/3/21 MML): LA 3.7 cm; LA:Ao 2.6; LV 3.95 cm; marked LAE; marked MR; mild TR (3.7 m/s; 56 mmHg); moderate pHTN. \*No sedation.

**ECHOCARDIOGRAM FINDINGS**

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

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

**Left atrium:** The left atrium is markedly dilated.

**Mitral valve:** The mitral valve is markedly thickened with prolapse into the left atrial lumen. Marked 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; velocity consistent with moderate 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 140bpm.

**2-Dimensional Measurements**

Ao diam (cm)	1.5
LA diam (cm)	3.7
LA:Ao (Swe)	2.5
IVS thickness (cm)	0.57
LVID diastole (cm)	4.4
PW thickness (cm)	0.57
LVID systole (cm)	2.2
FS (%)	50

**Doppler Measurements**

PV Vmax (m/s)	0.76
AoV Vmax (m/s)	1.6
MR Vmax (m/s)	4.9
TR Vmax (m/s)	3.5
TR PG (mmHg)	50

**INTERPRETATION OF THE FINDINGS**

Chronic degenerative valve disease persists without significant progression. The degree of disease is marked; however, the left heart dimensions are similar to previous. Pulmonary pressures are unchanged, and no additional issues are identified.



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Lilly Lamas  
Given that this patient is reportedly doing reasonably well at home, no changes to the medications are indicated at this time. Unfortunately, prognosis is poor; however, it is encouraging that the patient remains stable thus far.

**SPECIES**  
Canine  
The patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

**RECOMMENDATIONS**

- BREED**  
Coton de Tulear
- Continue 4 medications as prescribed.
  - 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.**

**SEX**  
Female Spayed

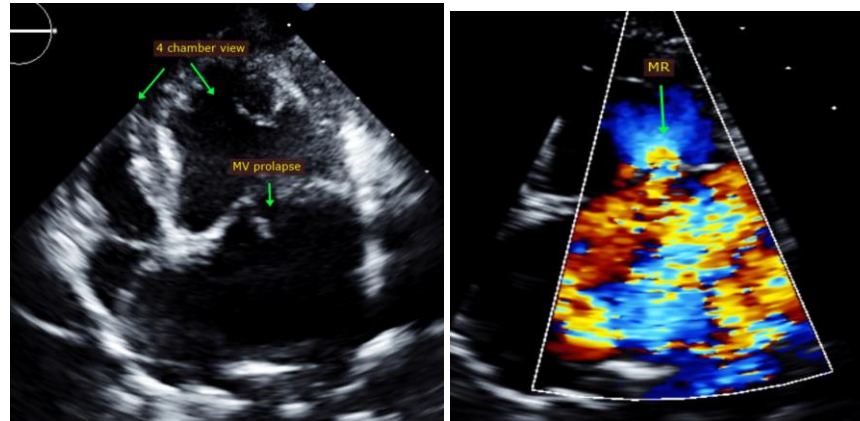
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**PLAN**

- 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**



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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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Pet Animal Ultrasound Service (4paus.com)