



PATIENT

Katie Roberts

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Female Spayed

AGE

12 years

WEIGHT

13.44lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary
Services

REFERRING VET

Dr. Masloski

INVOICE

26239

DATE

9/7/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Currently, Katie has been coughing a bit, especially after drinking water. Good appetite and normal activity level. On exam: NSR, grade III/VI murmur with PMI left apical area, PSS, lung fields clear. BP: 100mmHg x 5. Medications: 1) Pimobendan/vetmedin 3.75mg 1/2 tab twice a day 2) Enalapril 2.5mg 1 tab daily 3) Melatonin 3mg 1/2 tab twice a day *Sedated with propofol for study.
-Pertinent previous echo findings (4/6/22 Maggie Machen Lamy, DVM, DACVIM-Cardiology): LA 2.6 cm; LA:Ao 1.6; LV 2.8cm; moderate LAE; mild LVE; moderate MR; trace TR (2.7 m/s; 30 mmHg).

ECHOCARDIOGRAM FINDINGS

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

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

Left atrium: The left atrium is mildly dilated.

Mitral valve: The mitral valve is diffusely thickened with moderate prolapse into the left atrial lumen. Mild 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: 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 mild tricuspid regurgitation. Velocity consistent with no 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 170bpm.

2-Dimensional Measurements

Ao diam (cm)	1.7
LA diam (cm)	2.3
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.7
LVID diastole (cm)	2.1
PW thickness (cm)	0.7
LVID systole (cm)	1.4
FS (%)	33

Doppler Measurements

PV Vmax (m/s)	0.67
AoV Vmax (m/s)	0.86
MR Vmax (m/s)	4.5
TR Vmax (m/s)	2.5
TR PG (mmHg)	25

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with improvement overall. Previously moderate disease is now mild with an improved mitral leak and decreased left heart dimensions. While this may simply be due to Pimobendan administration, consider screening for volume changes, as anemia or dehydration can also contribute to this finding. Pulmonary hypertension is no longer apparent, and no additional issues are identified.

Given these findings, continue Pimobendan is recommended as below. Reasonable to discontinue Enalapril due relative hypotension.



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The cough remains noncardiac in origin and further evaluation may be warranted.

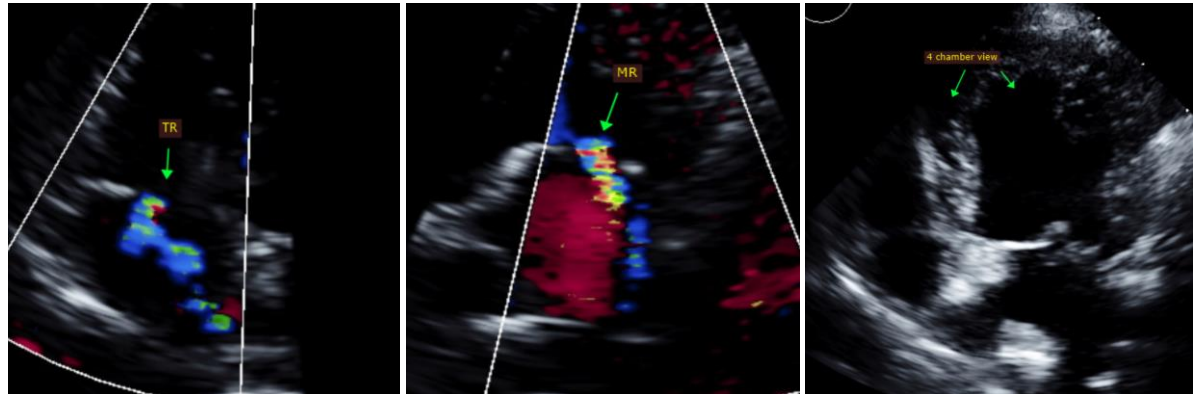
RECOMMENDATIONS

- Continue Pimobendan 0.3mg/kg PO q12h.
- Discontinue Enalapril.
- Consider CXR, hydrocodone, etc. as discussed.
- Baseline lab work is recommended.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.
- 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.

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)