



PATIENT

Minnie Goodyear

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Female Spayed

AGE

14 years

WEIGHT

7.56lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

26233

DATE

9/7/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - B1. Currently, Minnie is having more trouble getting around with her hind limbs splaying out. She also seems to be confused. Ha water added to her food to entice her to eat better. Her activity level waxes and wanes. She does have an occasional cough but no dyspnea. On exam: NSR, grade IV/VI murmur with PMI left apical area radiating to right with grade II/VI murmur noted on right, PSS, lung fields clear, no cough with tracheal pressure. BP: 130-140 mmHg. Medications: 1) Vet pro hip and joint 2) Hydrocodone with homatropine 5/1.5mg 1/2 tab twice a day---getting progressively more difficult to give 3) Pimobendan/vetmedin 1.25mg 3/4 tab twice a day *No sedation for study.

ECHOCARDIOGRAM FINDINGS

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

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

Left atrium: The left atrium is minimally dilated.

Mitral valve: The mitral valve is diffusely thickened with prolapse into the left atrial lumen. Moderate 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: Mild right ventricular enlargement.

Right atrium: Mild RA enlargement.

Tricuspid valve: The tricuspid valve appears thickened with septal prolapse and moderate tricuspid regurgitation. Velocity consistent with mild 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 160bpm.

2-Dimensional Measurements

Ao diam (cm)	1.3
LA diam (cm)	1.7
LA:Ao (Swe)	1.3
IVS thickness (cm)	0.7
LVID diastole (cm)	1.8
PW thickness (cm)	0.7
LVID systole (cm)	1.0
FS (%)	44

Doppler Measurements

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	6.8
TR Vmax (m/s)	3.4
TR PG (mmHg)	48

INTERPRETATION OF THE FINDINGS

Compared to the prior study, there is evidence of stability. Moderate mitral and tricuspid regurgitation are unchanged with mild right heart enlargement. The left heart is decreased comparatively, which may reflect volume depletion and baseline lab work is recommended. Finally, mild pulmonary hypertension is unchanged. Prognosis remains guarded long-term yet highly variable with these findings.

Given the clinical picture in this case, there are two ways to proceed. First would be to continue Pimobendan and an alternative cough suppression going forward, given overall stability. That being said, if the patient is becoming difficult to medicate, Pimobendan is likely unnecessary given the bigger picture of the patient's life span and findings on exam.



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No obvious indication for Sildenafil in the absence of exertional dyspnea or collapse. Only an occasional cough is warranted, and my hope is this will remain stable with treatment. Discussion with the owner is advised.

SPECIES
Canine

RECOMMENDATIONS

- Consider continue versus discontinue Pimobendan as discussed.
- Consider an alternative cough suppressant if needed.
- Baseline lab work is recommended.
- Monitor for any development of cough, labored breathing or exercise intolerance.

BREED
Chihuahua Mix

PLAN

- If declined, recommend recheck echocardiogram in 6 months, sooner if any syncope is noted at home.

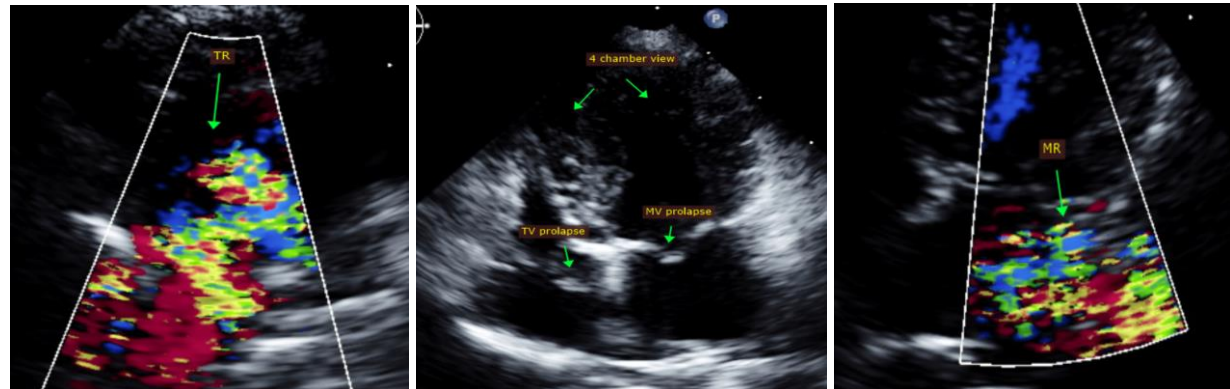
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

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.

HOSPITAL NAME

Mass Veterinary Services

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info@sonopath.com

REFERRING VET

Dr. Masloski

Echocardiogram performed by:

Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)

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