



PATIENT

Harrison Rhodes

SPECIES

Canine

BREED

Terrier

SEX

Male Neutered

AGE

5 years

WEIGHT

28.6lbs

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

20938

DATE

9/8/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. History severe pulmonary hypertension; right heart failure. Current presentation: Harrison has been doing moderately well. Eating well with normal respirations. Coughs with excitement and will cough up fluid/phelgm when he drinks too much or too quickly. On 9/6, Harrison did have a collapse episode but does come out of them quickly. The episodes tend to occur approximately once a month. CV/RESP: NSR, grade IV/VI murmur with PMI left lateral thorax radiating to right with grade II-III/VI murmur noted on right, PSS, lung fields clear. BP: 140mmHg x 3.

-Current medications: 1) Prescribed: Pimobendan 5mg 1 tab in am with 1/2 tab in pm---owner giving 1/2 tab twice a day 2) Sildenafil 20mg 1 tab three times a day 3) Prescribed: Enalapril 5mg 1/2 tab twice a day---owner giving 1 tab twice a day 4) Prescribed: Lasix 50mg 3/4 tab twice a day---owner giving 1 tab twice a day 5) Spironolactone 25mg 1 tab twice a day *No sedation.

-Pertinent previous echo findings (1/2021 MML): Normal left heart. Severe RVE, severe RVH, severe RAE, severe TR, marked PAH: 6.7m/s, mild/moderate PI, severe MPA dilation.

ECHOCARDIOGRAM FINDINGS

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

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

Left atrium: The left atrium is normal in diameter.

Mitral valve: The mitral valve is normal 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: Severe RV dilation with severe hypertrophy consistent with pressure overload.

Right atrium: Severe RA dilation.

Tricuspid valve: The tricuspid valve appears thickened and prolapsing with severe tricuspid regurgitation; velocity consistent with marked pulmonary arterial hypertension.

Pulmonic valve/Pulmonary artery: The pulmonic valve is mildly thickened with normal mobility. Mild to moderate pulmonic insufficiency. Normal RVOT velocity; laminar flow. Severe MPA and branch dilation.

Pericardium/other: No significant pericardial effusion. Scant pleural effusion suspected. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 188bpm.

2-Dimensional Measurements

Ao diam (cm)	1.5
LA diam (cm)	2.2
LA:Ao (Swe)	1.4
IVS thickness (cm)	0.75
LVID diastole (cm)	1.6
PW thickness (cm)	0.72
LVID systole (cm)	0.5
FS (%)	69

Doppler Measurements

PV Vmax (m/s)	0.8
AoV Vmax (m/s)	1.6
MR Vmax (m/s)	NA
TR Vmax (m/s)	6.6
TR PG (mmHg)	174

INTERPRETATION OF THE FINDINGS

Unchanged yet severe structural disease persists with marked right heart/MPA enlargement and severely elevated pulmonary pressures. The left heart is normal, and no obvious progression is identified. Scant pleural effusion is suspected; however, this is



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likely normal for this patient given the severity of disease seen here and lack of respiratory signs.

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Given that the patient is doing reasonably well at home, I wouldn't necessarily change medications based upon these findings. If the patient has any recurrent respiratory signs or relative worsening syncope in the future, consider change to Torsemide at that time.

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Prognosis remains poor long-term; however, it is encouraging the patient is doing well at this time. Patient will always be at risk for recurrent CHF, syncopal episodes and/or sudden death in the future.

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RECOMMENDATIONS

- As long as the patient remains clinically well, continue all medications as prescribed.
- If any recurrent respiratory signs or acutely progressive syncope is identified, can consider change to Torsemide 5mg am, 2.5mg pm pending renal value assessment. **THIS REPLACES LASIX WHICH WOULD BE DISCONTINUED.**
- Monitor renal values in 5-7 days if Torsemide is instituted, then every 3-4 months life-long.
- Consider Hydrocodone if needed.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Elective anesthesia is not advised.
- Lifelong activity/stress restriction is advised.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

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PLAN

- Monitor renal values every 3-4 months lifelong.
- A recheck echocardiogram is recommended in 6-8 months.

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RDCS

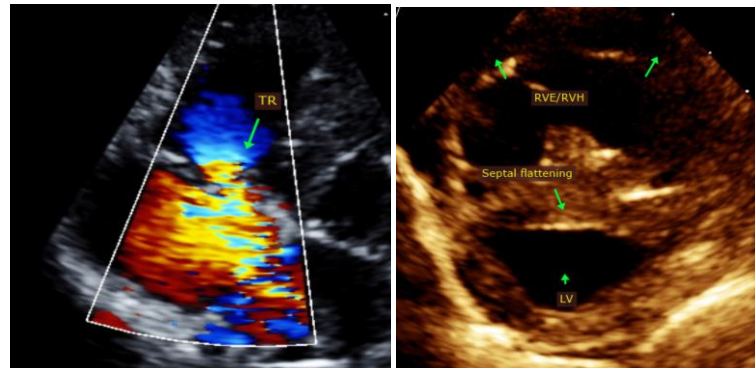
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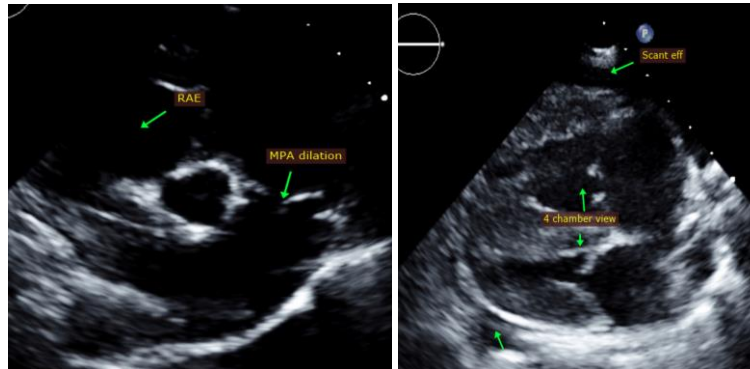
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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