



PATIENT

Angelo Pardee

SPECIES

Canine

BREED

Poodle Mix

SEX

Male Neutered

AGE

14 years

WEIGHT

14.4lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Sands Hill Mobile
Veterinary Ultrasound

HOSPITAL NAME

Pine Valley Animal
Hospital

REFERRING VET

Dr. Tarter

INVOICE

28338

DATE

1/16/23

PRESENTING CLINICAL SIGNS

History: Grade 4/6 heart murmur, coughing. Possible pleural effusion.
-Abnormal PE/Chem/CBC/UA Results: BUN 29, decreased Amylase, ALT 263, HCT 34.5, HGB 11.4, RBC 4.85.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.
Globoid cardiomegaly. Equivocal for CHF.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The mitral valve is severely diffusely thickened with marked prolapse into the left atrial lumen. Lack of coaptation in systole. There is marked mitral regurgitation present. There is severe left atrial enlargement. There is severe left ventricular dilation. Left ventricular systolic function is mildly depressed. There is normal systolic flow velocity across the aortic valve. The aortic valve appears trileaflet with normal mobility. The main pulmonary artery is mildly dilated. No aortic insufficiency. Moderate right atrial and right ventricular dilation. The tricuspid valve is thickened with septal prolapse and severe tricuspid regurgitation. Velocity consistent with moderate pulmonary hypertension. No pulmonic insufficiency. Small volume pericardial effusion. No obvious pleural effusion or cardiac masses are seen.

CARDIAC CHART

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
NORMAL PARAMETER	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
PATIENT	5.1	4.3	2.8	2.2	26	51	NM
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT (kg)	LA 2D short axis Base view (cm)	LVIDd Avg; 2D and m-mode short axis (cm)	LVIDs Avg; 2D and m-mode short axis (cm)
NORMAL PARAMETER	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
PATIENT	150	1.0	0.7	6.5	3.0	5.4	4.0
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
BODY WEIGHT DEPENDENT PARAMETERS				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>				10	1.50 (3.8)	3.27 (3.5)	2.06 (3.1)
				15	1.83 (2.0)	3.71 (2.4)	2.43 (2.1)
				20	2.02 (1.9)	4.14 (2.2)	2.80 (2.0)
				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
				40	2.62 (5.2)	5.48 (6.1)	3.96 (5.4)
				50	2.88 (7.1)	6.07 (8.3)	4.46 (7.4)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease is present causing marked mitral and severe tricuspid regurgitation. Severe left heart dilation with mild dysfunction indicates the risk for spontaneous decompensation is elevated. There is also moderate pulmonary hypertension with significant



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right heart enlargement, which puts the patient at risk for right-sided CHF as well. No additional structural issues are identified.

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The history of a cough, finding of pericardial effusion and severity of structural disease are consistent with CHF and immediate full cardiac support should be initiated as below. Due to the severity of disease and presence of pericardial effusion, **hospitalization for IV Lasix and oxygen support should be offered/considered if patient appears unstable**. PCE is presumably due to right-sided CHF; however, a small LA tear is not ruled out. Unfortunately, even if the patient is able to be stabilized the long-term prognosis is poor given the severity of disease, with risk for recurrent spontaneous decompensation, fulminant heart failure, development of arrhythmias and/or sudden death in the future.

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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 also be of some long-term benefit. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

AGE

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PLAN

Consider hospitalization. Institute aggressive diuretic therapy; 1-2mg/kg PO q8h for 3 days (i.e., until stable); if doing well in 3 days decrease to q12h for chronic dosage. Institute spironolactone 1-2mg/kg PO q12h. Institute Pimobendan 0.3mg/kg PO q12h. Institute Sildenafil 1-2mg/kg PO q12h. A blood pressure is recommended as discussed. If any decline or collapse, immediate reevaluation of effusion is recommended.

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A renal panel and blood pressure are recommended in 1-2 weeks following the above medications, then every 3-4 months going forward, if >130mmHg and patient is doing well, institute ACE-I 0.5mg/kg PO q12h.

IMAGING PERFORMED BY

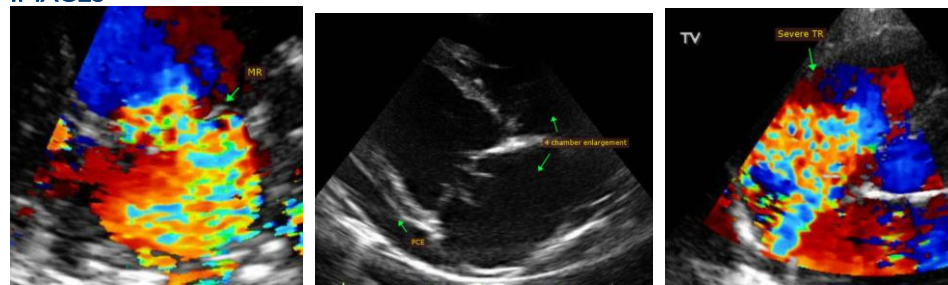
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A recheck echocardiogram is recommended in 6 months to screen for progression, sooner if clinical signs arise.

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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.

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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.

DATE

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Maggie Machen Lamy, DVM

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info@sonopath.com

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