



PATIENT

Tiffany Lebron

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Female Spayed

AGE

12 years

WEIGHT

11.3lbs

PRESENTING CLINICAL SIGNS

History: Recheck echo. BP: 160mmHg.

-Current medications: Pimobendan 2.5mg: 1/2 BID, Enalapril 2.5mg: 1/2 BID, Furosemide 12.5: 1/2 BID. Was on Spironolactone but was recently discontinued.

-Abnormal PE/Chem/CBC/UA Results: CBC: RBC 5.01 M/ μ L 5.65 - 8.87, HCT 37.2 % 37.3 - 61.7, HGB 12.2 g/dL 13.1 - 20.5, MCV 74.3 fL 61.6 - 73.5, NEU * 2.87 K/ μ L 2.95 - 11.64, NEU * 2.87 K/ μ L 2.95 - 11.64 CHEM: BUN 46 mg/dL 7 - 27, ALB 4.0 g/dL 2.2 - 3.9, ALKP 679 U/L 23 - 212.

-Pertinent previous echo findings (9/2022 MML): severe MR, severe LA/LVE, trace TR, 2m/s, LA 2.6, LV 3.6/1.4

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only. Cardiomegaly with LA dilation. No obvious evidence of CHF.

ECHOCARDIOGRAM FINDINGS

2D, m-mode and Doppler imaging are available. Diffuse thickening of mitral valve leaflets (anterior > posterior) with prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with severe left atrial dilation. Significant LV dilation with hyperdynamic myocardial function. The tricuspid valve appears mildly thickened, with trace tricuspid regurgitation. Mild right atrial and ventricular dilation. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities. No pulmonic or aortic insufficiency. No pericardial or pleural effusion noted. No cardiac tumors observed.

CARDIAC CHART

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

G. Ferrer, DVM

HOSPITAL NAME

Paseos Veterinary
Center

REFERRING VET

Dr. Ortiz

INVOICE

28386

DATE

1/17/23

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	4.9	NM	NM	2.0	70	95	0.19
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	NM	1.2	0.94	5.1	2.7	3.7	1.1
*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)
*Note: All measurements based upon multi-modal images and methods. An average value is reported.				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)

Adapted from June Boon, Veterinary Echocardiography, 1998
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435
Hansson et al, Vet Rad and Ultrasound 2002
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease persists with evidence of stability. Severe mitral and trace tricuspid regurgitation are unchanged, without progressive left or right heart dilation. Severe left atrial enlargement indicates the risk for spontaneous congestive heart failure is elevated. No additional issues such as systolic dysfunction are identified.

Given these findings, continue full cardiac support going forward. Monitoring of sleeping breathing rates in the future will be paramount to determine the origin of any future cough. The average survival of canine patients with active pulmonary edema is 8-9 months on medications, however they generally are able to maintain a good quality of life for that period. Patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future. Monitoring of renal values is recommended lifelong.

Omega fatty acid supplementation and mild salt restriction may also be of some long-term benefit. Monitor for development of a worsening cough, labored breathing, exercise intolerance or collapse episodes.

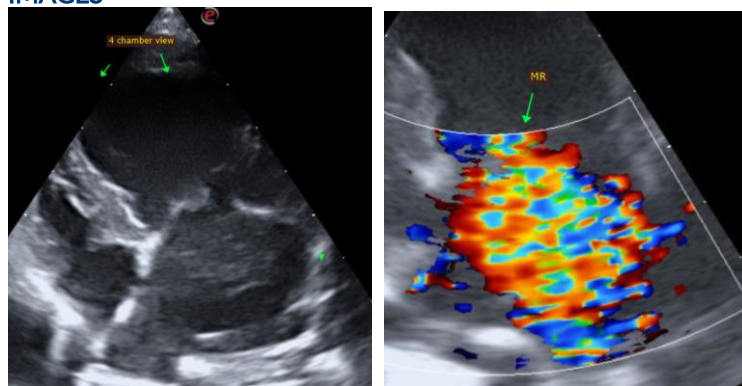
PLAN

Continue Lasix, Pimobendan, ACEI as previously recommended. Consider hydrocodone with homatropine (0.2-0.4mg/kg PO up to q4-6 hours PRN) if cough persists despite normal SRRs.

A renal panel and BP are recommended every 3-4 months on diuretics to ensure tolerance of medications.

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

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.



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