



PATIENT

Remi Reimer

SPECIES

Canine

BREED

Labrador Retriever

SEX

Female Spayed

AGE

11.5 years

WEIGHT

72lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Korosec

INVOICE

28635

DATE

1/30/23

PRESENTING CLINICAL SIGNS

History: Grade 3/6 heart murmur.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild thickening of mitral valve leaflets with no prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with mild LA dilation. Mildly increased LV diameter with depressed myocardial function. The tricuspid valve appears normal with trace tricuspid regurgitation. Normal right heart. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. No aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses.

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	6.2	NA	1.36	1.5	20	36	0.7
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	120	1.5	0.93	32.7	3.4	5.0	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 causing moderate mitral and trace tricuspid regurgitation is identified with only mild left atrial enlargement appreciated. The left ventricle on the other hand is mildly dilated with decreased systolic function. While systolic dysfunction can develop secondary to valve disease in large breed dogs, consider screening for ancillary issues, such as an atypical diet or hypothyroidism. No additional issues are identified.

Given the totality of the findings, use of Pimobendan is advised with no additional medications clearly indicated. Prognosis is guarded at this stage (B1/B2). Patient will always be at risk for progression to CHF, development of arrhythmias and/or sudden death in the future.

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

SPECIES

Canine

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.

BREED

Labrador Retriever

PLAN

Diet history/thyroid level. Institute Taurine supplement 1000mg q12h. Institute Pimobendan 0.3mg/kg PO q12h. Recommended baseline BP as discussed.

SEX

Female Spayed

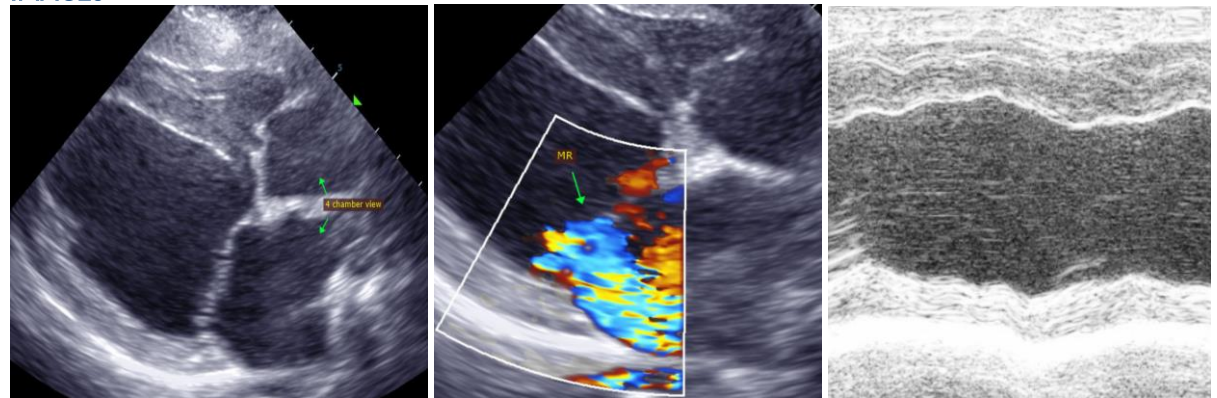
Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

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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. 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
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