



PATIENT

Atlas Jaremek

SPECIES

Canine

BREED

Whippet

SEX

Male Neutered

AGE

8 years

WEIGHT

15.2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Mark van Campen,
DVM

HOSPITAL NAME

Mississippi Hills
Animal Hospital

REFERRING VET

Dr. van Campen

INVOICE

28173

DATE

1/8/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. Doing well. BP: 109mmHg.

-Current medications: Vetmedin 5.0 mg AM 2.5 mg PM.

Pertinent previous echo findings (DABVP 3/2021): DCM with severe LA and LV dilation

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Severe left ventricular dilation with decreased systolic function and increased sphericity. Decreased LV wall thickness. Increased EPSS. Marked left atrial enlargement. The mitral valve appears thickened with no prolapse and moderate to severe mitral regurgitation. The tricuspid valve appears normal in form and function. Mild right atrial and ventricular dilation. Trace tricuspid regurgitation. The aortic valve is normal in morphology and mobility. No subvalvular ridge present; normal LVOT velocity. No aortic insufficiency. Normal pulmonic valve with no pulmonic insufficiency seen. Normal LVOT velocity. No pericardial or pleural effusion noted. No obvious cardiac tumors.

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	NM	NM	NM	2.9	22	40	0.43
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		1.8	NM	6.9	5.7	6.3	4.9
*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

The academic diagnosis in this case could be argued, with a primary cardiomyopathy less likely. This is based upon the thickened mitral valve and severity of MR, with suspicion for a secondary systolic dysfunction. Regardless, this differentiation is purely academic as the treatment and outcome is the same. The right heart is mildly dilated as well. The LA is markedly dilated indicating a high risk for clinical signs going forward. This is presumed to reflect progressive disease comparatively, although inter-observer variability makes a direct comparison difficult.



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Given the echo findings and the recent evidence of grain free diets leading to DCM in some (but certainly not all) dogs, highly a thorough diet history and avoidance of BEG diets lifelong. A taurine level can be submitted, however regardless of results recommend a taurine supplement in this case as below. A thyroid level is recommended if not recently assessed as this disease can present with dysfunction as well.

SPECIES

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Regardless of cause, with this degree of left heart changes the risk for spontaneous congestive heart failure is elevated and full cardiac supportive medications are indicated as below. Low dose diuretics are also included given high risk for decompensation in the future even with no reported symptoms. Assessment of progression in the future will help predict long term outcome, however prognosis is guarded to poor at this stage (late B2). Unfortunately, the patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

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Close monitoring for development of associated clinical signs (development of a cough, labored breathing, exercise intolerance or worsening collapse episodes) is recommended. Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF at home.

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Elective anesthesia is not advised, as there is high risk for complication. Omega fatty acid supplementation and mild salt restriction may also be of some long-term benefit.

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15.2lbs

PLAN

A screening BP is recommended. Continue Pimobendan 0.250.3mg/kg PO q12h. If BP >130mmHg, institute ACE-I (benazepril or enalapril) 0.5mg/kg PO q12h. Institute spironolactone 1-2mg/kg PO q12h. Institute Lasix 1mg/kg PO q12h. Thorough diet history, taurine level, T4 as discussed. Supplement taurine 1000mg PO q12h.

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Monitor renal values in 1-2 weeks, then every 3-4 months lifelong to ensure tolerance of medications.

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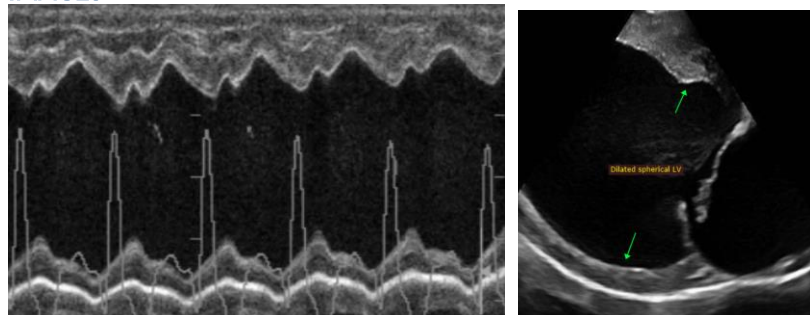
Mark van Campen,
DVM

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

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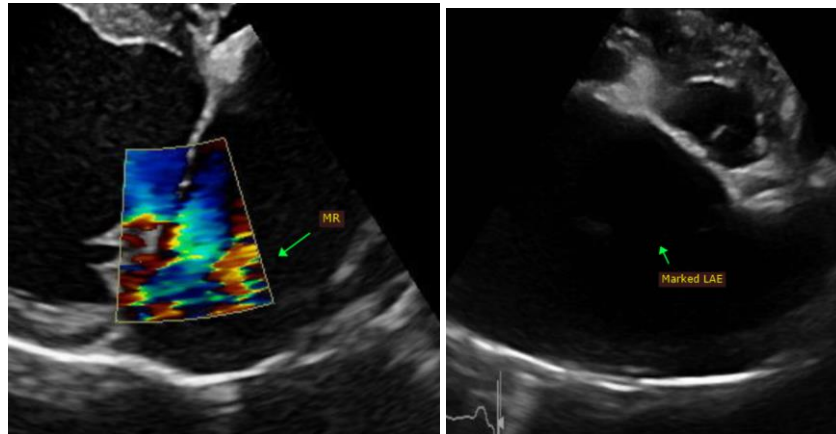
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Maggie Machen Lamy, DVM
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