



PATIENT

Colby Drabick

SPECIES

Canine

BREED

Shih Tzu

SEX

Male Neutered

AGE

14 years

WEIGHT

14.5lbs

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease. Doing well clinically. On Pimobendan 5 mg, 1/4-tab BID. *Sedated with butorphanol.

-Pertinent previous echo findings (12/5/21 MML): LA 1.9 cm; LA:Ao 1.4; LV 2.4 cm; mild LAE, moderate MR, mild TR (2 m/s).

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is moderately increased with hyperdynamic myocardial function. LV wall thicknesses are normal.

Left atrium: The left atrium is markedly dilated.

Mitral valve: The mitral valve is diffusely thickened with mild prolapse into the left atrial lumen. Lack of coaptation in systole. Severe mitral regurgitation. Decreased velocity.

Aortic valve/aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

Right ventricle: Mild RV enlargement.

Right atrium: Mild RA enlargement.

Tricuspid valve: The tricuspid valve appears mildly thickened with septal prolapse and mild to moderate tricuspid regurgitation; normal velocity.

Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 110bpm.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

2-Dimensional Measurements

Ao diam (cm)	1.3
LA diam (cm)	3.4
LA:Ao (Swe)	2.7
IVS thickness (cm)	0.6
LVID diastole (cm)	3.6
PW thickness (cm)	0.6
LVID systole (cm)	1.3
FS (%)	64

Doppler Measurements

PV Vmax (m/s)	0.5
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	4.2
TR Vmax (m/s)	2.5
TR PG (mmHg)	25

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with severe mitral and mild to moderate tricuspid regurgitation. Compared to the prior study, there is evidence of significant progression with markedly increased LA and LV dimensions. The LA is markedly dilated indicating an elevated risk for clinical signs going forward. No additional issues are documented.

HOSPITAL NAME

East Boston Animal
Hospital

REFERRING VET

Dr. Chopra

With this degree of left heart changes, the risk for spontaneous congestive heart failure is elevated and additional cardiac supportive medications are indicated as below. A weak diuretic (spironolactone) is 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 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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RECOMMENDATIONS

- Continue Pimobendan as prescribed.
- Institute ACE-I (benazepril or enalapril) 0.5mg/kg PO q12h.
- Institute spironolactone 1-2mg/kg PO q12h.
- 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.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Mild activity restriction is advised.
- Elective anesthesia is not advised, as there is high risk for complication. If necessary, cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, iso or sevoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction and recover in O2 cage. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Moderate IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

PLAN

- A renal panel is recommended in 1-2 weeks, then every 3-4 months lifelong.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

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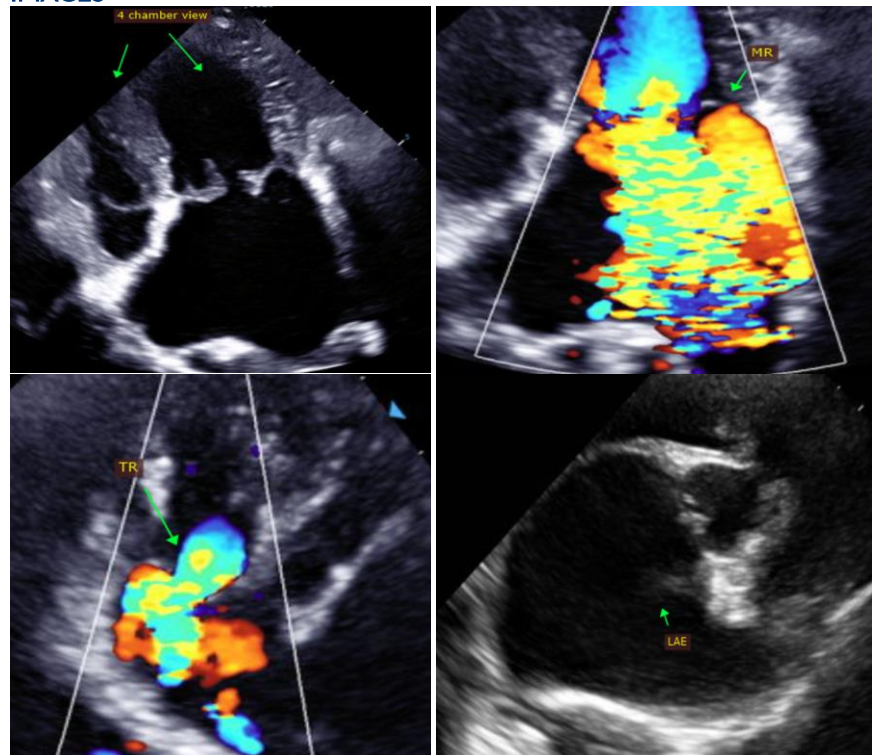
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IMAGES





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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.

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Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
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