



PATIENT

Snowy Balas

SPECIES

Canine

BREED

Maltese

SEX

Male Neutered

AGE

12 years

WEIGHT

9-10lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Chase Veterinary
Clinic

REFERRING VET

Dr. Caffarella

INVOICE

21354

DATE

10/1/21

PRESENTING CLINICAL SIGNS

History: Snowy has bimonthly abdominocentesis for ascites secondary to right heart CHF diagnosed at another clinic. Grade IV/VI systolic murmur. Cachexia.

-Current medications: On Enalapril 25mg SID; Pimobendan 5mg, 1/4 BID; Furosemide 12.5mg BID; Spironolactone 25mg, 1/4 SID; Levothyroxine 0.2mg, 1/2 BID.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is increased with adequate myocardial function. LV wall thicknesses are decreased. Subtle septal flattening in end-systole. Systolic function is hyperdynamic.

Left atrium: The left atrium and auricle are severely dilated.

Mitral valve: The mitral valve is diffusely thickened with significant prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with a 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: The right ventricle is severely dilated with mild hypertrophy.

Right atrium: Moderate RA dilation.

Tricuspid valve: The tricuspid valve appears thickened with mild prolapse and moderate to severe tricuspid regurgitation; velocity consistent with moderate pulmonary arterial hypertension.

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 effusion noted. Significant ascites seen on subcostal views. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 130bpm.

2-Dimensional Measurements

Ao diam (cm)	1.2
LA diam (cm)	2.55
LA:Ao (Swe)	2.1
IVS thickness (cm)	0.68
LVID diastole (cm)	2.5
PW thickness (cm)	0.63
LVID systole (cm)	1.1
FS (%)	56

Doppler Measurements

PV Vmax (m/s)	0.43
AoV Vmax (m/s)	0.93
MR Vmax (m/s)	4.8
TR Vmax (m/s)	3.8
TR PG (mmHg)	58

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing severe mitral and tricuspid regurgitation.

Significant 4 chamber dilation indicates the risk for biventricular congestive heart failure is elevated. Additionally, there is pulmonary hypertension present, which puts the patient at risk for right-sided congestion (as is seen here), and/or syncope.

These findings would certainly suggest that ascites is due to right-sided CHF. Sildenafil is recommended as below with continued cardiac support as described. The patient is already on a relatively high dose of Lasix, which should be continued going forward. It is important to note that abdominocentesis is only recommended if the patient becomes inappetent or uncomfortable secondary to the effusion. If the ascites continues to be



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poorly controlled requiring frequent taps despite the medication changes suggested, an alternative diuretic such as Torsemide may be considered. Referral is recommended should this become necessary.

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The prognosis is poor to grave long term, with a predicted survival time of <6 months. Patient will always be at high risk for spontaneous biventricular CHF, LA tear, progressive cough and/or malignant arrhythmias/sudden death in the future.

BREED

Maltese

RECOMMENDATIONS

- Continue Lasix as prescribed.
- Increase Pimobendan to 1.25mg PO q8h.
- Baseline BP is recommended; if >130mmHg continue Enalapril as prescribed. If hypotensive, discontinue ACEI.
- Increase Spironolactone to 6.25mg PO q12h.
- Institute Sildenafil 1-2mg/kg PO q8h.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Elective anesthesia is not advised.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

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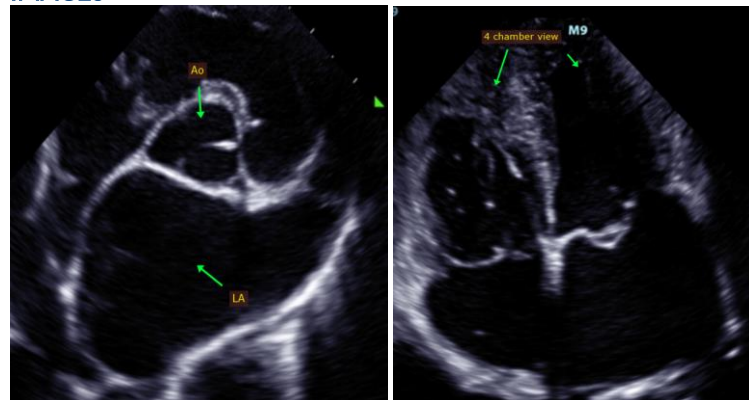
PLAN

- Recheck renal values in 1-2 weeks, then every 3-4 months on diuretic therapy. If patients' ascites continues to be poorly controlled, referral for advanced diuretic management is recommended.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

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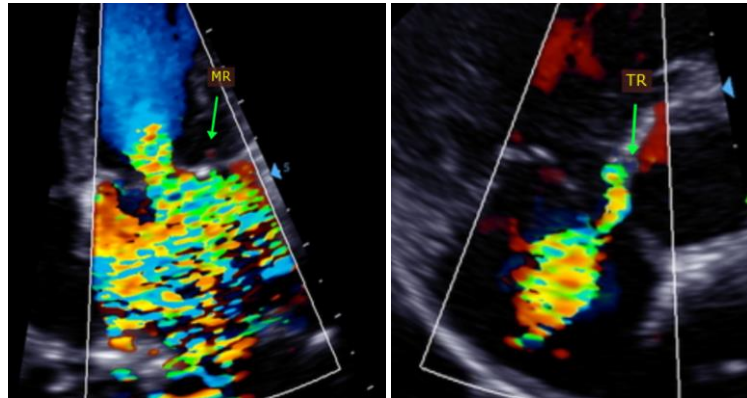
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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