



PATIENT

Ted Burgard

PRESENTING CLINICAL SIGNS

History: Heart murmur, possible syncopal episode. Assess prior to anesthesia. No current medications. -Abnormal PE/Chem/CBC/UA Results: Alk. Phos. 427, Lyme (+).

SPECIES

Canine

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets with mild prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with moderate left atrial dilation. Normal MR velocity. Mildly increased LV diameter with adequate myocardial function. The tricuspid valve appears mildly thickened with mild tricuspid regurgitation. Normal velocity. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. No obvious aortic and mild pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses.

BREED

Minature Poodle

SEX

Male Neutered

AGE

13 years

CARDIAC CHART

WEIGHT

15.9lbs

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	5.2	2.5	NM	1.85	38	69	0.46
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	93	1.2	0.71	7.2	2.8	3.7	2.1
*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)
<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)

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Westwood Regional Veterinary Hospital

REFERRING VET

Dr. Curtis

INVOICE

21320

DATE

10/1/21

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease causing moderate mitral and mild tricuspid regurgitation. Moderate left atrial enlargement indicates current relative stability with risk for progression to spontaneous congestive heart failure in the future. No additional issues such as pulmonary hypertension or systolic dysfunction are noted at this time.

No definitive cardiac cause for the episodes is seen in this study (i.e., no PAH, no obvious rupture or tears, reasonable cardiac output, etc.) and other causes should be considered. These possible causes include vasovagal events, intermittent arrhythmias (unlikely), neurologic/systemic issues, etc. That being said, if the episodes are occurring with significant exertion there certainly is a possibility that regurgitant volume is involved and Pimobendan may help. Additionally, while no



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arrhythmias are noted during this study, an intermittent arrhythmia still cannot be ruled out without a Holter monitor, and this should be considered if episodes continue undiagnosed. Further systemic evaluation may also be considered including AUS. Finally, atypical seizures should also be considered, pending more extensive history/situational nature of the episodes.

SPECIES

Canine

Given the degree of disease and risk for progression, it is responsible to institute Pimobendan. No obvious indication for additional medications.

BREED

Minature Poodle

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

SEX

Male Neutered

Once on the medication for 3-5 days, anesthetic risk is considered mildly elevated. Cardiac protective drug choices (opioid/benzodiazepine premedication, Propofol or alfaxalone induction, iso or sevo gas) are recommended. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Judicious IV fluid rates are recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

AGE

13 years

PLAN

Institute Pimobendan 0.3mg/kg BID. Baseline BP recommended. Consider other causes of syncope as discussed.

WEIGHT

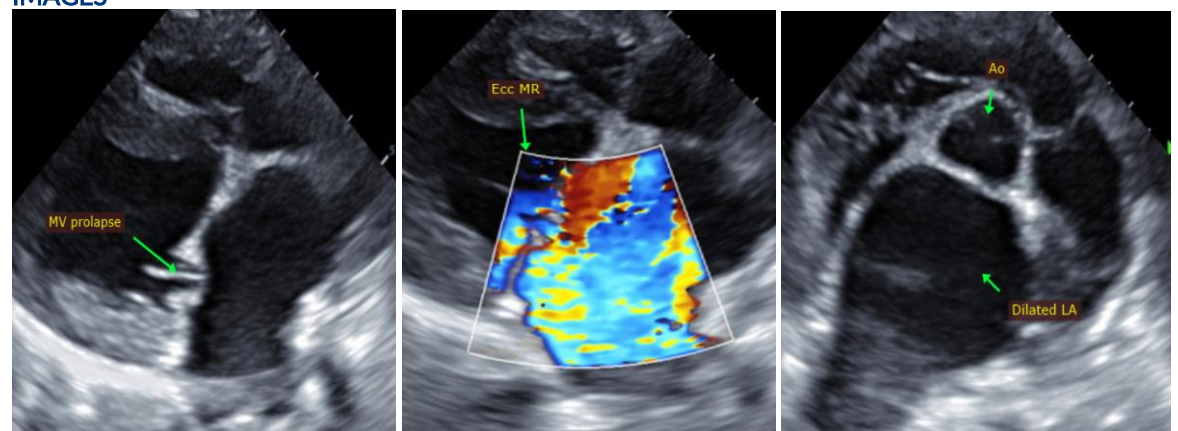
15.9lbs

Recommend monitor for progression with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGES



IMAGING PERFORMED BY

Kelly Vazquez, CVT

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.

HOSPITAL NAME

Westwood Regional
Veterinary Hospital

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.

REFERRING VET

Dr. Curtis

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