



**PATIENT**

Snoopy Pazant

**SPECIES**

Canine

**BREED**

Yorkshire Terrier

**SEX**

Male Neutered

**AGE**

17 years

**WEIGHT**

14.4lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

Englewood Cliffs  
Veterinary Hospital

**REFERRING VET**

Dr. Park

**INVOICE**

21476

**DATE**

10/12/21

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. Coughing more frequently; tried to increase Lasix from q12h to q8h, with no improvement.

-Current medications: Pimobendan 1.87mg q12h, Lasix 6.35mg q8h, enalapril 1.25mg q12h.

-Abnormal PE/Chem/CBC/UA Results (4/21): ALT 153, ALP 185, BUN 43.

-Pertinent previous echo findings (10/2020 MML): Moderate MR, moderate LAE, normal LV. LA: 2.3, LV: 2.3.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets (anterior>posterior) with mild prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with moderate left atrial dilation. Normal MR velocity. Mild LV dilation with adequate myocardial function. The tricuspid valve appears subjectively normal, with trivial tricuspid regurgitation. Normal right atrial and ventricular diameter. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and mildly elevated aortic outflow velocities. No aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. No cardiac tumors observed.

**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	5.0	NA	1.6	1.8	40	72	0.25
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	91	1.5	1.1	6.5	2.3	3.2	1.9
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
<b>BODY WEIGHT DEPENDENT PARAMETERS</b>				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 persists without evidence of significant progression. Moderate mitral regurgitation is unchanged with moderate stable left atrial enlargement. The LV is increased comparatively; however, no additional issues are identified.



**PATIENT**

Snoopy Pazant

Given these findings, continued medications are recommended as below. If the cough did not respond to Lasix, it is unlikely to reflect CHF, and this **should be returned to q12h dosing**. Highly recommend Hydrocodone +/- screening CXR if the symptom persists or progresses.

**SPECIES**

Canine

Prognosis remains guarded long-term; however, overall stability is certainly a good sign.

**BREED**

Yorkshire Terrier

Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes. Patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future. Serial monitoring of SRRs is recommended as the best way to screen for progression to CHF at home.

**SEX**

Male Neutered

**PLAN**

Screening BP every 6 months. Return Lasix to 6.25mg Po q12h. Continue Enalapril and Pimobendan as prescribed. Consider Hydrocodone +/- CXR if indicated.

**AGE**

17 years

A recheck renal panel and BP are recommended every 3-4 months lifelong if on diuretics.

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

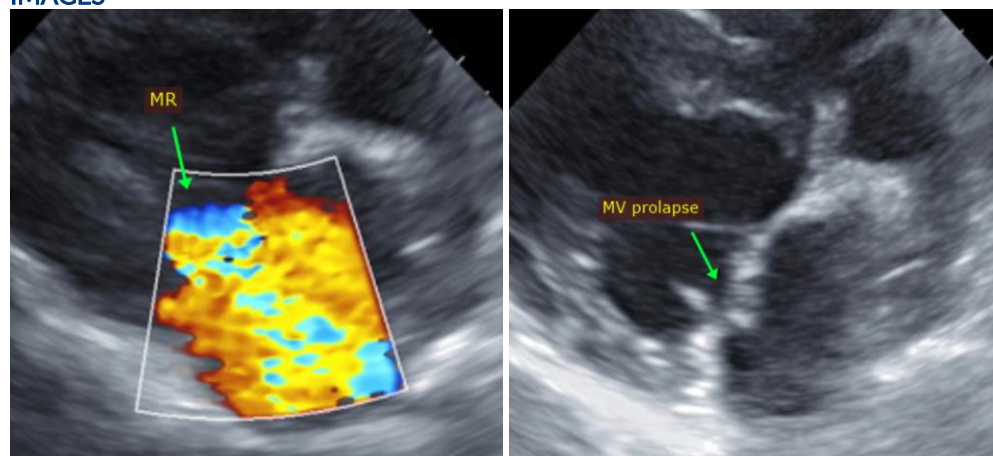
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**IMAGES**

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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.

**REFERRING VET**

Dr. Park

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.

**INVOICE**

21476

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**DATE**

10/12/21