



PATIENT

Tazz Sterzer

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Female Spayed

AGE

11 years

WEIGHT

8.2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Devall, DVM

HOSPITAL NAME

Aspen Landing Animal
Hospital

REFERRING VET

Dr. Devall

INVOICE

21531

DATE

10/14/21

PRESENTING CLINICAL SIGNS

History: Coughing. Previous dx MMVD and has pulmonary edema.
-Current medications: Furosemide, Pimobendan, Benazepril and Spironolactone.

ECHOCARDIOGRAM FINDINGS

2D, m-mode and Doppler imaging are available. Diffuse thickening of mitral valve leaflets (anterior > posterior) with prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with severe left atrial dilation. Significant LV dilation with hyperdynamic myocardial function. The tricuspid valve appears normal with no tricuspid regurgitation. No significant right atrial and ventricular enlargement. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities. No pulmonic or aortic 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	5.4	NA	2.4	2.8	56	87	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	170	0.7	0.9	3.7	2.9	3.5	1.5
*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 cause of the murmur is chronic degenerative valve disease causing severe mitral regurgitation. Severe left atrial enlargement indicates the risk for spontaneous congestive heart failure is elevated. No additional issues are identified.

The described cough is likely multi-factorial in origin, including a mechanical component due to cardiomegaly, possible concurrent airway disease and/or early CHF given the severity of disease. The patient reportedly has a history of CHF which is not surprising and certainly lifelong cardiac support should be continued as below. Any increase in coughing should always warrant repeat CXR and if a mechanical cough is suspected Hydrocodone is strongly recommended. Monitoring of sleeping breathing rates in the future will be paramount to determine the origin of any future



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cough. The average survival of canine patients with active pulmonary edema is 8-9 months on medications, however they generally are able to maintain a good quality of life for that period. Patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future. Monitoring of renal values is recommended lifelong.

SPECIES

Canine

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

BREED

Yorkshire Terrier

PLAN

Screening BP and CXR are recommended. Administer Pimobendan 0.3mg/kg PO q12h. Administer Lasix 1-2 mg/kg PO q12h. Administer spironolactone 1-2mg/kg PO q12h. Consider hydrocodone with homatropine (0.2-0.4mg/kg PO up to q4-6 hours PRN) if cough persists despite normal SRRs. Continue Benazepril at 0.5mg/kg PO q12h pending BP >130mmHg.

SEX

Female Spayed

A renal panel and BP are recommended every 3-4 months lifelong

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

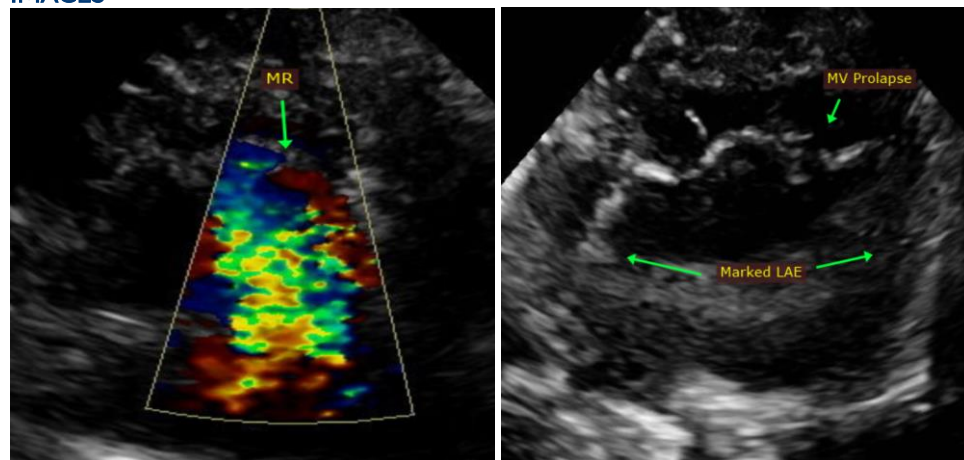
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

REFERRING VET

Dr. Devall

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

21531

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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