



PATIENT

Mini Choe

SPECIES

Canine

BREED

Chihuahua

SEX

Female Spayed

AGE

15 years

WEIGHT

8.4lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Animal General on
Hudson

REFERRING VET

Dr. Tierney

INVOICE

21625

DATE

10/20/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. Grade 4/6 heart murmur, patient recently coughing more, passed out yesterday.

-Current medications: Pimobendan 1.25mgs BID, thyro-tab 0.1mgs 1/2 BID.

-Pertinent previous echo findings (2/2021 MML): Moderate MR, moderate LAE, mild LVE, mild TR. LA: 2.1, LV: 2.8.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets (anterior>posterior) with significant prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with severe left atrial dilation. Normal MR velocity. Moderately increased LV diameter with hyperdynamic myocardial function. The tricuspid valve appears subjectively normal, with mild tricuspid regurgitation. Normal velocity. Normal right atrial and ventricular diameter. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities. No pulmonic and mild 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 | 5.6 | 2.2 | NM | 2.2 | 36 | 67 | NM |
| 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 | 133 | 1.3 | 0.7 | 3.8 | 2.4 | 3.0 | 1.4 |
| *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

Chronic degenerative valve disease causing severe mitral and mild tricuspid regurgitation persists with evidence of progression. Severe left atrial enlargement has developed indicating progressive disease and the risk for spontaneous congestive heart failure is elevated going forward. Even without significant respiratory changes, it is reasonable to initiate an ACE-I and Spironolactone at this time as below given apparent progression. A blood pressure should be assessed prior to this change. Prognosis is guarded long term (late B2), and 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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The cough is suspected to be mechanical in origin; however, close monitoring of breathing rates is advised. Consider screening radiographs and/or institution of Hydrocodone if needed for quality of life. Syncope may simply be due to poor cardiac output with severe disease; however, should the symptom persist or any respiratory changes be identified, early CHF should certainly be considered.

SPECIES

Canine

Omega fatty acid supplementation and mild salt restriction remain recommended. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes. Serial monitoring of SRRs is recommended as the best way to screen for progression towards CHF at home.

BREED

Chihuahua

SEX

Female Spayed

Elective anesthesia is not advised.

AGE

15 years

PLAN

Screening blood pressure is recommended. Continue Pimobendan as prescribed. Institute ACEI 0.5mg/kg PO q12h. Institute spironolactone 1-2mg/kg PO q12h. Consider hydrocodone if needed for QOL.

Recommend conservative monitoring with a recheck echocardiogram in 6 months to screen for progression, sooner if clinical signs arise.

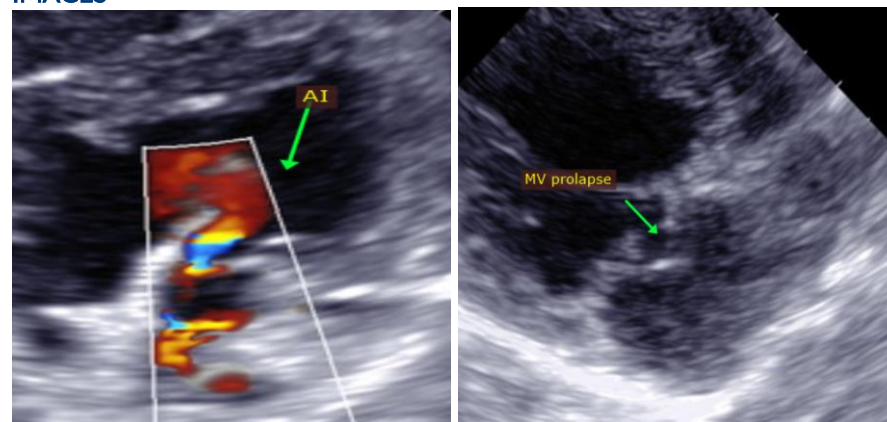
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

REFERRING VET

Dr. Tierney

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

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