



PATIENT

Shadey Raver

SPECIES

Canine

BREED

Beagle Mix

SEX

Female Spayed

PRESENTING CLINICAL SIGNS

History: Recheck echo. Cough is worsening. No sinus arrhythmia present. Discordant femoral pulses.
 -Current medications: Vetmedin 3.5 mg BID, Clindamycin 150 mg BID indefinitely.
 -Sedation used: Not needed.
 -Pertinent previous ultrasound results (1/20/21 MML): Moderate MR, moderate LAE, mild LVE, mild TR: 3.1m/s. LA: 2.8, LV: 4.0
 -STAT: Not requested.

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. Elevated MR velocity. Mild LV dilation with hyperdynamic myocardial function. The tricuspid valve appears mildly thickened with mild tricuspid regurgitation. Velocity consistent with early pulmonary hypertension. Normal right atrial and ventricular diameter. The pulmonic valve is normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. Aortic and pulmonic valve appears normal with no obvious aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses.

CARDIAC CHART

AGE

2005

WEIGHT

30lbs

INTERPRETED BY

Maggie Machen
 Lamy, DVM, DACVIM
 (Cardiology)

HOSPITAL NAME

Harborside Mobile
 Veterinary Clinic

REFERRING VET

Dr. Hawkins

INVOICE

21629

DATE

10/20/21

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	6.4	3.0	NM	1.8	45	77	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	125	1.5	1.1	13.6	2.7	4.1	2.3
*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)
Adapted from June Boon, Veterinary Echocardiography, 1998				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
Hansson et al, Vet Rad and Ultrasound 2002				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995				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 progression. Compared to the prior study, the left heart dimensions are stable with moderate mitral and mild tricuspid regurgitation. Early pulmonary hypertension is unchanged and additional issues are identified.

An increase in cough in this patient is suspected to be due to airway disease; however, baseline chest radiographs are strongly recommended with any change in symptom. Hydrocodone may be useful for quality of life. Pending these results (i.e., no impending CHF), no additional medications are warranted at this time. A baseline BP is strongly recommended given an elevated MR velocity.

The history notes an increase in heart rate with discordant femoral pulses. Further evaluation may be useful through ECG evaluation.

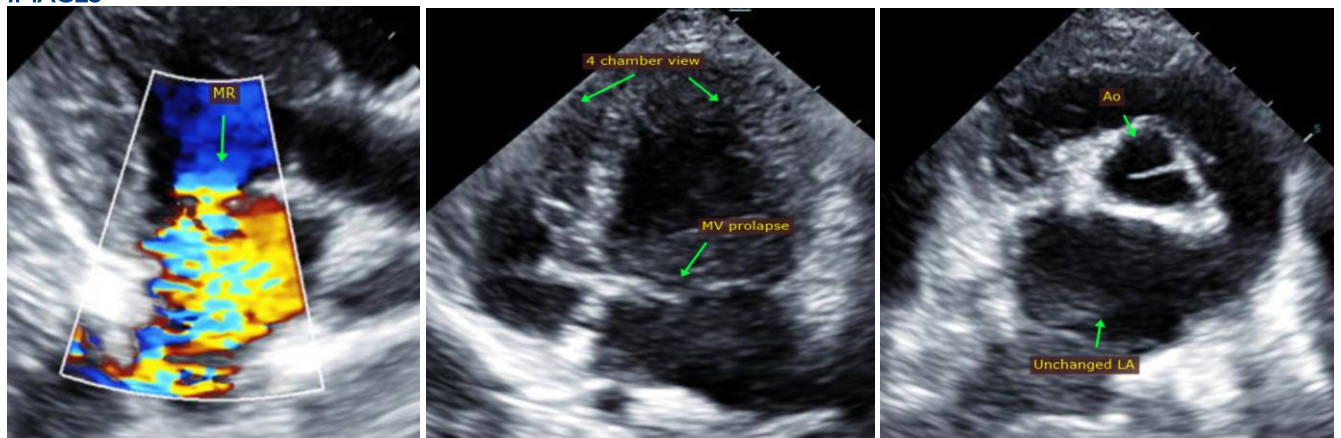
Pending results of ECG and CXR, anesthetic risk remains mildly elevated. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

PLAN

Screening ECG and BP as discussed. Continue Pimobendan as prescribed. Consider Hydrocodone pending results of CXR.

Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

IMAGES



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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