



PATIENT

Savannah King

PRESENTING CLINICAL SIGNS

History: Grade 5/6; left sided murmur. History of mild cardiomegaly and endocardiosis (without an auscultable murmur). Recent increase in resting respiratory rate; crackles. Sedated with Torb.

SPECIES

Canine

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.

Cardiomegaly with LA enlargement. Concern for impending CHF.

BREED

Papillon

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Significant thickening of anterior mitral valve leaflet with marked prolapse into the left atrial lumen. Suspect ruptured chordae tendineae visualized. Moderate eccentric mitral regurgitation with moderate left atrial dilation. Borderline LV diameter with hyperdynamic myocardial function. The tricuspid valve appears normal, with no obvious tricuspid regurgitation. 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. Mild AI and no PI. No pericardial or pleural effusion noted. No cardiac tumors observed.

AGE

14 years

CARDIAC CHART

WEIGHT

8.8lbs

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	5.3	NA	NM	1.83	50	86	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	NM	0.96	0.9	4.0	2.2	2.6	1.3
*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)
				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

Andrea Nicastro

HOSPITAL NAME

Brighton Animal Hospital

REFERRING VET

Dr. Ciccone

INVOICE

27021

DATE

10/20/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease causing moderate mitral regurgitation. The degree of mitral regurgitation is moderate, with evidence of a possible ruptured chordae tendineae. Moderate LA dilation is noted, which is common with an acute issue like a chord rupture. This is the single scenario where CHF can be seen without severe cardiomegaly and is suspected in this case. An aortic insufficiency is noted, and a baseline blood pressure is recommended. No additional issues are identified.



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SPECIES

Canine

BREED

Papillon

SEX

Female Spayed

AGE

14 years

WEIGHT

8.8lbs

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Given these findings, a ruptured chord leading to acute decompensation/CHF should be considered until proven otherwise. Coverage with broad spectrum antibiotics and maintaining the possibility of other primary respiratory issues should be considered if the response to Lasix is sub optimal. Continued full cardiac support is recommended as below in addition to supportive care/oxygen therapy as needed until stabilized.

Long term prognosis is poor, with an average survival time of 8-9mo for canine patients with active pulmonary edema 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.

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

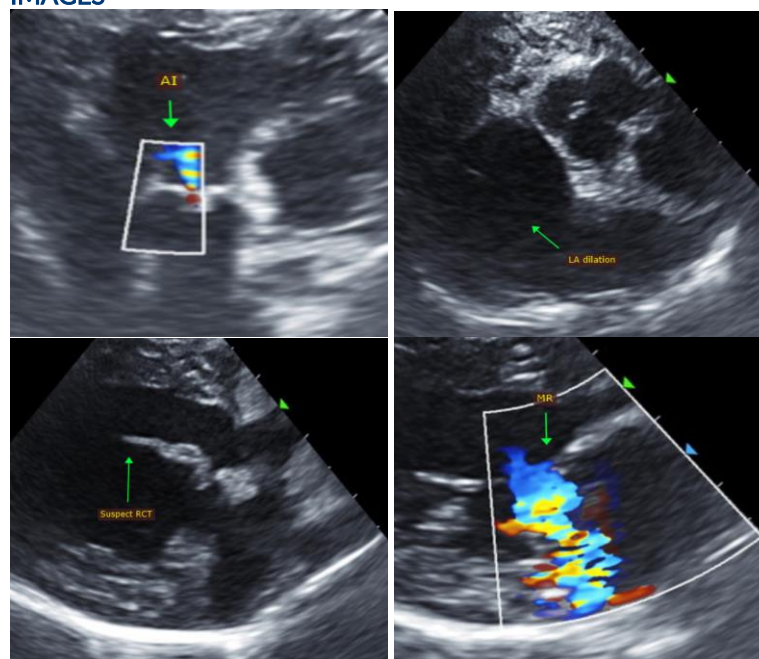
PLAN

Institute Lasix 1-2mg/kg PO q12h. Institute Pimobendan 0.3mg/kg PO q12h. Institute spironolactone 1-2mg/kg PO q12h. Institute cough suppression if needed. Consider coverage with broad-spectrum antibiotic if indicated.

A renal panel and BP is recommended in 5-7 days to ensure tolerance of medications. If doing well and BP >130mmHg, institute ACEI 0.5mg/kg PO 12h.

Recommend recheck echocardiogram in 4-6 months to screen for progression, sooner if episodes persist or development of additional clinical signs.

IMAGES





PATIENT

Savannah King

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.

SPECIES

Canine

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.

BREED

Papillon

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SEX

Female Spayed

AGE

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