



PATIENT
Charlie Brown Brown

SPECIES
Canine

BREED
Cavalier

SEX
Male Neutered

AGE
8 years

WEIGHT
29lbs

INTERPRETED BY
Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY
Eduardo Rodrigues
III, RCS

HOSPITAL NAME
Mass Veterinary
Services

REFERRING VET
Dr. Masloski

INVOICE
27089

DATE
10/25/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage late B2. Charlie was seen on 10/8 for a cough. Chest films were consistent with congestive heart failure, and he was started on Lasix with improvement in his clinical signs. Good appetite. On exam today: NSR, grade IV-V/VI murmur with PMI left apical area radiating to right with grade II/VI murmur noted on right, PSS lung fields clear. BP: 130mmHg x 3. Current medications: 1) Pimobendan/vetmedin 3.75mg 2/3 tab twice a day 2) Enalapril 5mg 1 tab twice a day 3) Spironolactone 25mg 1/2 tab twice a day 4) Newvet vitamins daily 5) Lasix/furosemide 50mg 1/2 tab three times a day 6) Hydrocodone with homatropine/hycodan 5/1.5mg 1/2-tab prn 7) Doxycycline 100mg 1.5 tabs daily.
-Pertinent previous echo findings (3/1/22 MML): LA 3.8 cm; LA:Ao 2.0; LV 4.5 cm; severe LAE; LVE; severe MR; trace TR.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is severely increased with hyperdynamic function. LV wall thicknesses are decreased.
Left atrium: The left atrium is markedly dilated.
Mitral valve: The mitral valve is diffusely thickened with significant prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with a normal velocity.
Aortic valve/Aorta: The aortic valve appears normal with normal outflow velocity; laminar flow. No aortic insufficiency.
Right ventricle: Mild RV enlargement.
Right atrium: Mild RA enlargement.
Tricuspid valve: The tricuspid valve appears mildly thickened with mild tricuspid regurgitation. Velocity consistent with mild to moderate pulmonary hypertension.
Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.
Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 140bpm.

2-Dimensional Measurements

Ao diam (cm)	1.7
LA diam (cm)	5.4
LA:Ao (Swe)	>3.0
IVS thickness (cm)	0.8
LVID diastole (cm)	5.4
PW thickness (cm)	0.7
LVID systole (cm)	3.1
FS (%)	43

Doppler Measurements

PV Vmax (m/s)	0.8
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	5.4
TR Vmax (m/s)	3.7
TR PG (mmHg)	55

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with continued progression. The increase in left heart dimensions is marked and likely explains decompensation. Additionally, mild to moderate pulmonary hypertension is documented, which was not seen previously. concurrent issues are identified.

Given that the patient is doing well at home with the addition of Lasix, consider a dose adjustment as below in hopes of preserving renal function. No obvious indication for Sildenafil in the absence of exertional syncope or dyspnea; however, this can be added in the future if either are noted.



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Once the patient reached congestive heart failure, prognosis is guarded to poor long-term; however, most are able to maintain a good quality of life for a matter of 6-12 months. Unfortunately, the patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future. It is encouraging that this patient continues to do well through serial exams.

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RECOMMENDATIONS

- If able, decrease Lasix to 25mg PO q12h.
- Continue Enalapril and Spironolactone as prescribed.
- Increase Pimobendan to 3.75mg PO q12h.
- If any exertional syncope/dyspnea are noted, institute Sildenafil 1-2mg/kg PO q12h.
- Continue Hydrocodone as needed.
- Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF at home.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Mild activity restriction is advised.
- Elective anesthesia is not advised.

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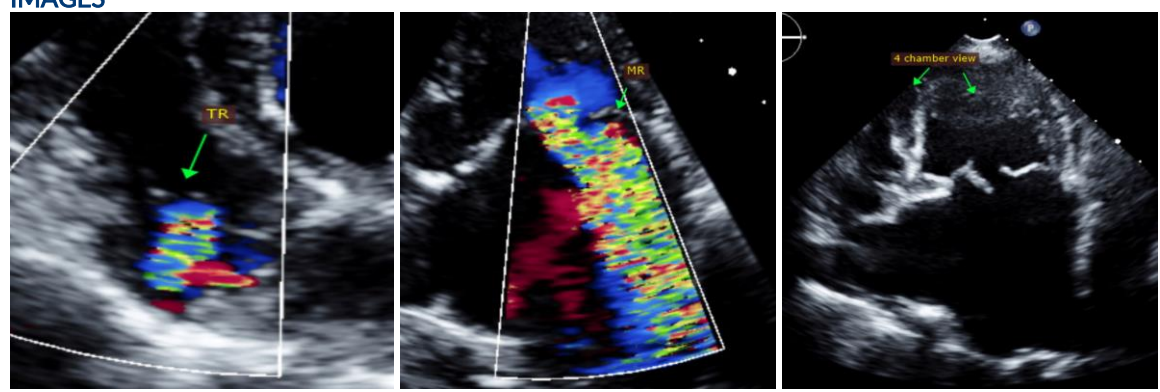
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PLAN

- Monitor renal values and BP every 3-4 months lifelong.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

IMAGES

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HOSPITAL NAME
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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. Masloski

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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DATE
10/25/22

Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)