



PATIENT

Hudson Cameron-Nordell

SPECIES

Canine

BREED

Jack Russell Terrier

SEX

Male Neutered

AGE

~16 years

WEIGHT

22lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGING PERFORMED BY

Brian Barnes, DVM

HOSPITAL NAME

Westview Veterinary Hospital

REFERRING VET

Dr. Barnes

INVOICE

21743

DATE

10/27/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. Grade 3/6 murmur; PMI left hemithorax. Cardiopet 1292 (N 0-900).

-X-rays: Progression of cardiomegaly. BP: 192/101mmHg

-Abnormal lab results: USG 1.026 rest WNL, CBC WNL, SDMA 20 (n 0-14), ALKP 222 (N 23-212).

-Current medications: Vetmedin 2.5mg BID, Diltiazem 30mg x 1/4 Q8hrs, Enalapril 5mg SID.

Sedated with ace/torb.

-Pertinent previous echo findings (MML 1/2021): mod/sev MR, severe LAE, mild LVE, mild AI, trace TR; 3.5m/s, LA 3.8, LV 3.4, LA:Ao 2.0

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The mitral valve is markedly thickened (anterior>posterior leaflet) with significant prolapse into the left atrial lumen. There is moderate to severe eccentric mitral regurgitation present. The MR velocity is normal. There is severe left atrial enlargement. There is mild left ventricular dilation. Left ventricular systolic function is hyperdynamic. Normal LVOT velocity. The aortic valve appears trileaflet with normal mobility. Mild aortic insufficiency. The main pulmonary artery is normal in diameter. The pulmonic valve is normal in appearance. Normal flow across the pulmonic valve. Trace PI. Normal right atrium. Normal right ventricle. Mild thickening of the tricuspid valve with mild tricuspid regurgitation. Velocity consistent with early PAH. No pericardial/pleural effusion or cardiac masses are seen.

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	2.8	2.0	2.1	43	75	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	NM	1.6	0.95	10.0	3.7	3.4	1.9
*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)
*Note: All measurements based upon multi-modal images and methods. An average value is reported.				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

Severe yet largely stable CVD persists. The left heart is significantly dilated, although no significant change is noted from the prior study. Mild aortic insufficiency remains, and serial



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monitoring of blood pressure is recommended. No additional issues such as significant pulmonary hypertension have developed.

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Given these findings and a reported elevated BP, recommend increase ACEI to q12h dosing. Additionally given the chronicity of disease consider addition of Spironolactone for potential long term benefit. See medication changes below. Long term prognosis is guarded with high risk for CHF, development of arrhythmias/LA tear, syncope, and/or sudden death in the future.

BREED

Jack Russell Terrier

The patient is on diltiazem long term, and reassessing the ECG and/or a holter is strongly recommended.

SEX

Male Neutered

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.

AGE

~16 years

Elective anesthesia is not advised.

PLAN

Continue Pimobendan and Diltiazem as prescribed pending ECG/holter reassessment. Increase Enalapril to q12h. institute Spironolactone 12.5mg PO q12h. Monitor BP q6mo.

WEIGHT

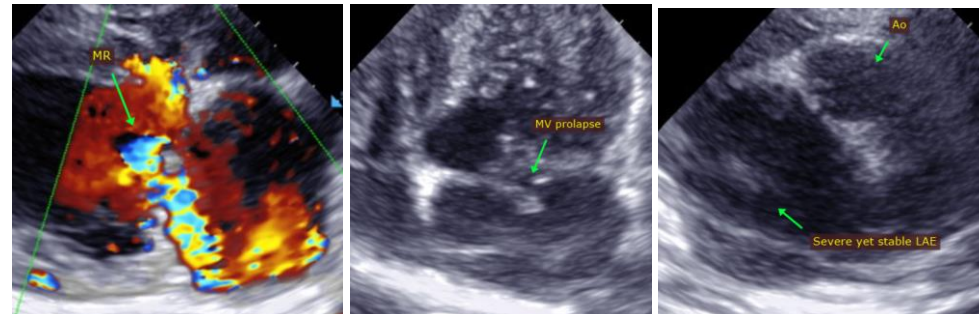
22lbs

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

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

IMAGES



IMAGING PERFORMED BY

Brian Barnes, DVM

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.

HOSPITAL NAME

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REFERRING VET

Dr. Barnes

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

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