



PATIENT PRESENTING CLINICAL SIGNS

PATIENT April Haselton
PRESENTING CLINICAL SIGNS History: History of a heart murmur, started coughing 3/2021. Declined cardiac workup at that time. Started on Pimobendan and Enalapril. Increased panting and a little coughing per owner; collapsing trachea on CXR.

SPECIES Canine
 -Current medications: Enalapril 1.25mg BID, Pimobendan 1.25mg BID.
 -Sedation: Torbugesic IV.

BREED Maltese
SEX Female Spayed
AGE 13 years
 -Abnormal PE/Chem/CBC/UA Results: PE: Grade 4/6 systolic heart murmur, L sided. BCS 4.5/9 BW (3/9/21): WNL, ProBNP 1,421.

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. Mild to moderate eccentric mitral regurgitation with mild to moderate left atrial dilation. Normal MR velocity. Normal LV diameter with adequate myocardial function. The tricuspid valve appears mildly thickened with mild 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. Mildly elevated pulmonic and aortic outflow velocities with laminar flow. Mild to moderate AI. No pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses.

WEIGHT CARDIAC CHART

11.14lbs

INTERPRETED BY

Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Dr. Karen Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Bennett

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	5.2	NM	1.5	1.5	55	92	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		2.8	1.5	5.1	1.9	2.7	1.2
*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)

INVOICE

21412

DATE

10/7/21

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease causing mild to moderate mitral and mild tricuspid regurgitation. Mild left atrial enlargement indicates the current risk for complication is low. A small aortic leak is



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noted, and a baseline BP is recommended. No concurrent issues such as systolic dysfunction or pulmonary hypertension are noted in this study.

SPECIES

Canine

In a dog with only mild left atrial enlargement, Pimobendan is likely unnecessary. An ACEI may be reasonable in light of an aortic leak, once BP is assessed. If >150mmHg, continue as prescribed. Otherwise there is little known benefit to continuing this medication with B1 CVD. No additional cardiac medications are indicated. Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1). Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Monitor for development of a progressive cough, labored breathing, exercise intolerance or collapse episodes.

BREED

Maltese

SEX

Female Spayed

Given these findings, the cough is unlikely to be cardiac in origin and primary respiratory causes should be considered. Consider further respiratory work up/treatment (hydrocodone, taper course of steroids, Enrofloxacin, TTW/BAL, etc).

AGE

13 years

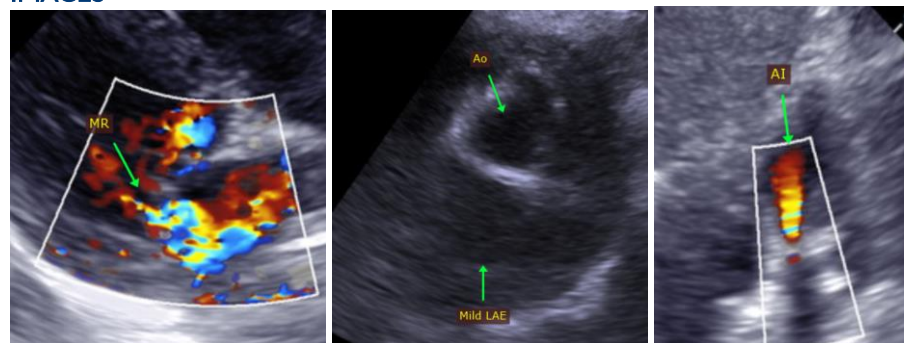
Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively 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.

WEIGHT

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

IMAGES



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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.

HOSPITAL NAME

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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.

REFERRING VET

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