


**PATIENT**

Tank Porrier

**PRESENTING CLINICAL SIGNS**

 History: Grade 5 heart murmur. Increased resp rate and effort, pot belly. HR: 100, RR: pant.  
 -Current medications: Furosemide 20mg BID, vetmedin 2.5mg BID, Fortekor 2.5mg SID

**SPECIES**

Canine

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets (anterior&gt;posterior) with no prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with moderate left atrial dilation. Normal MR velocity. Mildly increased LV diameter with hyperdynamic myocardial function. The tricuspid valve appears subjectively normal, with trace tricuspid regurgitation. Normal right atrial and ventricular diameter. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities. No aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. No cardiac tumors observed.

**BREED**

Dachshund

**SEX**

Male Intact

**CARDIAC CHART**
**AGE**

13.5 years

CANINE CARDIAC PARAMETERS	MR VMAX (m/s)	TR VMAX (m/s)	LA/AO (Boon method)	LA/AO (Heart Base; Swe)	FS (%)	EF (%)	EPSS (cm)
<b>NORMAL PARAMETER</b>	4.5-5.5	<2.7	1.3	<1.6	28-40	40-100	<0.6
<b>PATIENT</b>	5.1	NM	1.5	1.85	48	80	0.3
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)
<b>NORMAL PARAMETER</b>	50-100	0.7-1.7	0.7-1.6	BELOW	BELOW	BELOW	BELOW
<b>PATIENT</b>	NM	2.0	1.3	7.7	2.4	3.3	1.8
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
<b>BODY WEIGHT DEPENDENT PARAMETERS</b>				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)

**WEIGHT**

17lbs

**INTERPRETED BY**

 Maggie Machen Lamy,  
 DVM DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**

Crystal Hill, RVT

**HOSPITAL NAME**

Yates Animal Hospital

**REFERRING VET**

Dr. Krizmanich

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Chronic degenerative valve disease causing moderate mitral and trace tricuspid regurgitation. Moderate left atrial enlargement indicates there is relatively low risk for imminent complication, however risk for progression to spontaneous congestive heart failure in the future is elevated. No additional issues are identified.

**INVOICE**

21800

**DATE**

11/1/21

Given the risk for progression and results of the EPIC trial, continued Pimobendan is indicated in this patient as below. Assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).

These findings are unlikely to reflect CHF as the cause of the current clinical signs; however, chest radiographs are strongly recommended. An alternative approach would be



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Tank Porrier  
to assess response to Lasix therapy; if positive the diagnosis is assumed, and medications should be continued lifelong. This patient is also predisposed to airway disease, which must also be considered.

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

**BREED**  
Dachshund  
Once on the medication for 3-5 days, anesthetic risk is considered mildly elevated. Cardiac protective drug choices (opioid/benzodiazepine premedication, Propofol or alfaxalone induction, iso or sevo gas) are recommended. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Judicious IV fluid rates are recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

**SEX**  
Male Intact

**AGE**  
13.5 years  
**PLAN**  
Institute heart muscle support Pimobendan 0.3mg/kg PO q12h. Strongly recommend chest radiographs as discussed. If declined or not possible and the patient responded significantly to diuretic therapy, reasonable to continue at standard triple therapy dosing going forward.

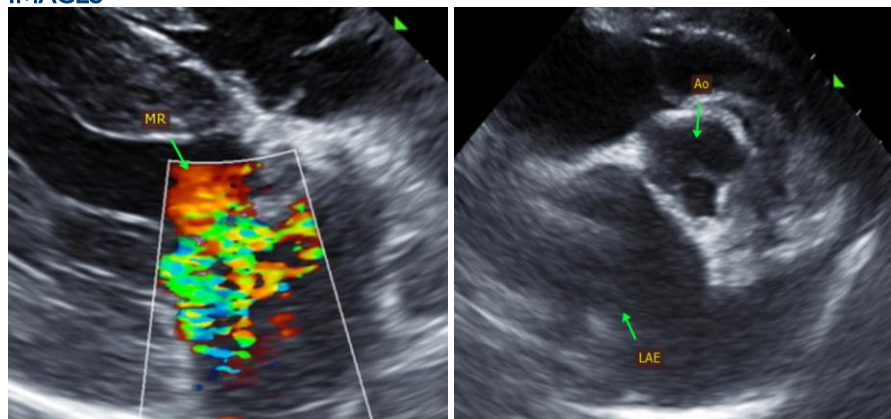
**WEIGHT**  
17lbs  
Recommend monitor for progression with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

**INTERPRETED BY**  
Maggie Machen Lamy,  
DVM DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**  
Crystal Hill, RVT

**HOSPITAL NAME**  
Yates Animal Hospital

**IMAGES**



**REFERRING VET**  
Dr. Krizmanich  
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.

**INVOICE**  
21800  
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.

**DATE**  
11/1/21  
Maggie Machen Lamy, DVM  
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