



PATIENT

Georgio Durishin

SPECIES

Canine

BREED

Terrier Mix

SEX

Male Neutered

AGE

11.18.09

WEIGHT

11lbs

PRESENTING CLINICAL SIGNS

History: Recheck echo. Heart murmur has increased in intensity from grade 3/6 to 4/6. Asymptomatic.
 -Pertinent abnormal PE/Chem/CBC/UA Results: Last bloodwork done 2/14/22 all normal.
 -Current medications: Glucosamine supplement
 -Blood pressure: 172/98, 174/112 and 169/108mmHg.
 -Sedation used: Not required to complete full diagnostic ultrasound.
 -Pertinent previous ultrasound results (5/2021 MML): Mild MR, mild LAE, no LVE, trace TR: 2.4m/s. LA: 1.6, LV: 2.4.
 -STAT: Not requested.
 -Imaging performed by: Stephanie Wagra RDCS, RVT.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets (anterior>posterior) with 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 mild tricuspid regurgitation. Velocity consistent with early pulmonary hypertension. 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.

CARDIAC CHART

INTERPRETED BY Maggie Machen Lamy, DVM, DACVIM (Cardiology)	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	6.0	3.0	NM	1.7	51	84	NM	
HOSPITAL NAME Chadwell Animal Hospital	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	120	1.3	0.8	5.0	2.0	3.1	1.5	
REFERRING VET Dr. Oliveri	*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)
INVOICE 27215	Adapted from June Boon, Veterinary Echocardiography, 1998 Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435 Hansson et al, Vet Rad and Ultrasound 2002 Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995					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)
DATE 11.1.22									

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease persists with evidence of progression. Previously mild MR has advanced to moderate, with increasing left heart dimensions. The tricuspid leak is stable, although pulmonary hypertension is identified. 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.

Based upon these findings, recommend institution of Pimobendan as below. Additionally, a baseline BP is recommended. Continued assessment of progression is recommended, with a guarded prognosis going forward (stage B2). Patient may be at risk for development of CHF, arrhythmias, and/or sudden death going forward.

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.

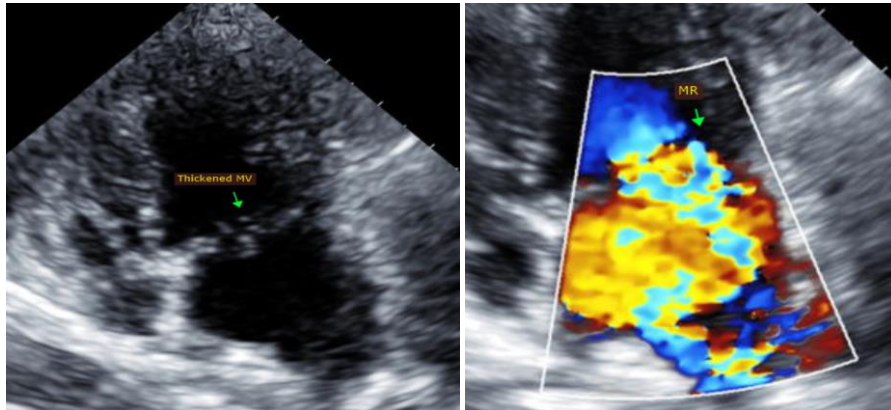
Once on the medication for 3-5 days, anesthetic risk remains mildly elevated. Cardiac protective drug choices (opioid/benzodiazepine premedication, Propofol or alfaxalone induction, iso or sevo gas) are recommended. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and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

PLAN

Baseline BP recommended every 6 months. Institute Pimobendan 0.25-0.3mg/kg PO q12h.

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

IMAGES



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.

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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