



PATIENT

Toga Tobin

SPECIES

Canine

BREED

Border Collie Mix

SEX

Male Neutered

AGE

13 years

WEIGHT

33.2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Animal General on
Hudson

REFERRING VET

Dr. Freedman

INVOICE

22076

DATE

11/17/21

PRESENTING CLINICAL SIGNS

History: Recheck echo. Fainting recently.

-Current medications: Pimobendan, spironolactone, and furosemide.

-Pertinent previous echo findings (6/2021 MML): Severe MR, mild TR. TR: 2.7, MR: 5.4, LA: 3.5, LV: 4.5.

ECHOCARDIOGRAM FINDINGS

2D, m-mode and Doppler imaging are available. Diffuse thickening of mitral valve leaflets (anterior > posterior) with no prolapse into the left atrial lumen. Lack of coaptation in systole. Severe eccentric mitral regurgitation with severe progressive left atrial dilation. Significant LV dilation with hyperdynamic myocardial function. The tricuspid valve appears mildly thickened with moderate tricuspid regurgitation. Velocity consistent with moderate pulmonary hypertension. Right heart enlargement. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities. No pulmonic or aortic insufficiency. No pericardial or pleural effusion noted. No cardiac tumors observed.

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	NM	4.0	1.8	2.5	42	73	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	100	1.6	1.1	15.1	4.3	4.4	2.6
*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)
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>				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

Chronic degenerative valve disease persists with evidence of progression. Two significant changes have occurred, including progressive LA enlargement and development of moderate pulmonary hypertension/mild right heart enlargement. The LV dimension is stable, and no additional issues are identified.

Either of these progressive changes may lead to fainting episodes with exertion. If that is the case in this patient, consider addition of Sildenafil to help lower pulmonary pressures. If the episodes



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persist or worsen, further evaluation is advised (BP, ECG, etc). No obvious indication for additional medication changes in the absence of respiratory signs. Close monitoring is advised.

SPECIES

Canine

Long term prognosis remains poor, with most dogs able to be managed on medications with a good QOL for an average of 8-12 months after the diagnosis of CHF. Patient will always be at risk for recurrent CHF, LA tear, development of malignant arrhythmias/sudden death going forward.

BREED

Border Collie Mix

Elective anesthesia is not advised.

SEX

Male Neutered

Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes. Monitoring of sleeping breathing rates is the best way to assess for recurrent CHF in the future.

AGE

13 years

PLAN

Continue 3 medications as previously recommended. Institute Sildenafil 1-2mg/kg PO q8h. Continue hydrocodone (0.2-0.4mg/kg up to q4-6h PRN).

WEIGHT

33.2lbs

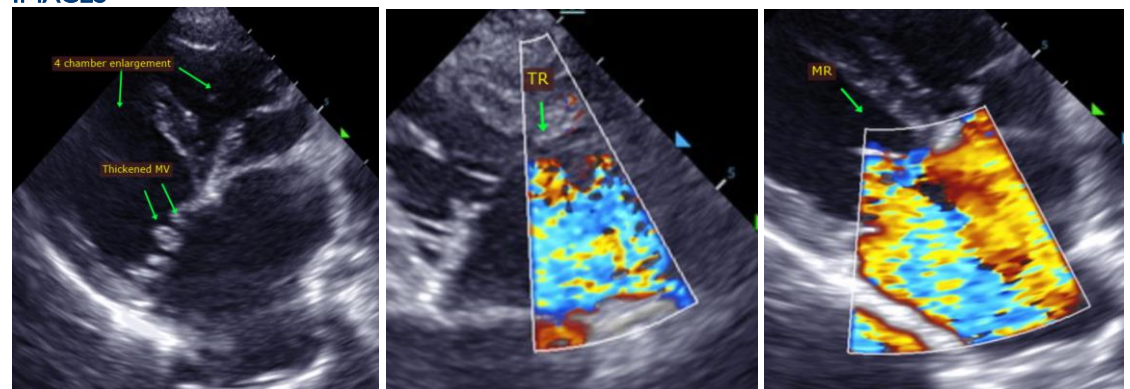
Monitor renal values every 3-4 months lifelong.

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

IMAGES

INTERPRETED BY

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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

Animal General on
Hudson

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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