

PATIENT

Bella McGarry

SPECIES

Canine

BREED

Morkie

SEX

Female Spayed

AGE

11 years

WEIGHT

7.34lbs; 3.3kgs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Wavelength Vet
Services

HOSPITAL NAME

Brookwood Animal
Clinic

REFERRING VET

Dr. Loomis

INVOICE

21826

DATE

11/2/21

PRESENTING CLINICAL SIGNS

History: Grade 4-5/ 6 systolic murmur. Coughing.
-Radiographs: Enlarged heart with pulmonary edema in caudodorsal lung fields.
-Current medications: Furosemide 12.5mg 1/2 t AM 3/4 t PM, Enalapril 2.5mg 1/2 t BID, Vetmedin 1.25mg 1/2 BID.

ECHOCARDIOGRAM FINDINGS

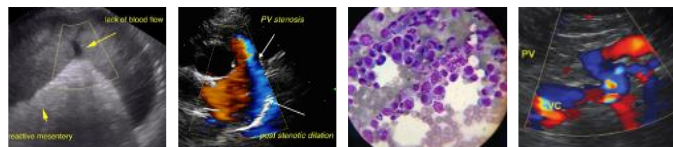
2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets (anterior>posterior) with prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with moderate left atrial dilation. Normal MR velocity. Mild LV dilation with hyperdynamic myocardial function. The tricuspid valve appears subjectively normal, with mild tricuspid regurgitation. Normal velocity. Normal right atrial and ventricular diameter. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities. Mild MPA dilation. No aortic and mild pulmonic insufficiency. No pericardial or pleural effusion noted. No cardiac tumors observed. A sinus rhythm is noted throughout the study (single lead attached).

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	5.5	2.5	NM	1.8	55	87	0.08
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	0.95	0.7	3.3	1.8	2.8	1.1
*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 causing moderate mitral and mild tricuspid regurgitation. Moderate left atrial enlargement indicates the risk for spontaneous congestive heart failure is relatively low yet may be elevated going forward. No pulmonary hypertension is identified; however, the MPA is mildly dilated which may reflect early pressure elevation. No additional issues such as systolic dysfunction are noted.



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While it is uncommon for moderate valve disease to lead to CHF, if prior radiographs confirmed edema and the patient responded to diuretic therapy then this would support the diagnosis and medications should be continued as suggested below. If there is any question in the diagnosis (i.e., a cough in this breed is often multi-factorial in origin) or there was no response to Lasix, consider a cautious Lasix taper. A radiologist review of the films should be sought for any question, as CHF is a radiographic diagnosis. If confirmed, the average survival time of canine patients once a diuretic is initiated for CHF is 8-9 months on medications, however they generally are able to maintain a good quality of life for that period.

Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes. Patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future. Serial monitoring of SRRs is recommended as the best way to screen for progression to CHF at home.

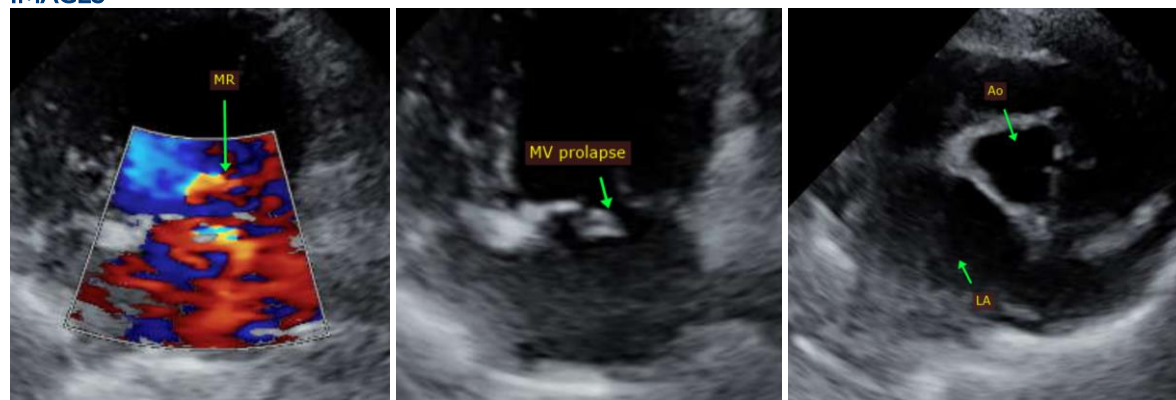
PLAN

Screening BP. Consider continue versus discontinue Lasix as discussed based upon history, Radiologist CXR evaluation, response to therapy. Recommend Pimobendan 0.3mg/kg PO q12h. If Lasix is continued, an ACEI should also be administered 0.5mg/kg PO q12h.

A recheck renal panel is recommended every 3-4 months lifelong if Lasix is continued.

A recheck BP and echocardiogram is recommended in 6 months to screen for progression, sooner if clinical signs arise.

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.

Maggie Machen Lamy, DVM
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