



PATIENT

Mocha Bailey

SPECIES

Canine

BREED

Chinese Crested

SEX

Male Neutered

AGE

11 years

WEIGHT

11.4lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

J Evoniuk, DVM

HOSPITAL NAME

State Avenue Vet
Clinic

REFERRING VET

Dr. Evoniuk

INVOICE

27706

DATE

11/29/22

PRESENTING CLINICAL SIGNS

History: here for a referral echo. Per medical record DX of G3/4 heart murmur 2020. Started heart meds June 14, 2022, with initial response. Has severe heart failure and had double pneumonia per O. Just finished course of Cefpodoxime Thanksgiving evening almost died, having a horrible time breathing gasping for air and having panic attacks, went into what seemed like a seizure per O called Knife River on Saturday to see what to do told o to give up a third dose of a medication that is in her car, can't think of the name of it it's a diuretic increased to an extra dose a day. Updated info provided: Furosemide 12.5mg PO BID (>7mg/kg per day) was increased to TID was doing much better after that yesterday was doing pretty good, started to cough more was 4/10s of a pound heavier than yesterday morning, was really full of stool goes to splitting it into five small meals a day, giving a meal presses too much on his heart starts coughing- thinks that having all of that poop presses and causes more coughing e/d- good v/d- thanksgiving evening vomited three times c/s- no sneezing l/b- has a growth that has been there a long time medications- Spironolactone 50mg 1/4 of a tablet twice a day Furosemide 12.5mg PO TID (>7mg/kg per day) Vetmedin 2.5mg 1/2 tab PO BID Thyroid tab 0.1mg PO BID Enalapril 5mg: 1/4 tab PO BID K/D diet Phenobarb 15mg 1/2 tab PO BID finished last round of antibiotics this morning, right lung was getting full again o thinks concerns- none jk Physical Exam: E/E clear. Teeth G3+ severe calculus and gingival recession of the maxillary K9s, mm pink, moist. CRT <2s. Heart- G5 heart murmur. Mild crackle/wheeze intermittently audible Skin and coat appear healthy. BCS 5/9. Abd- no overt pain.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets with prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with severe left atrial dilation. Normal MR velocity. Mild LV dilation with hyperdynamic myocardial function. The tricuspid valve appears mildly thickened with mild TR. Mild right heart enlargement. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic outflow velocity with laminar flow. No pericardial or pleural effusion noted. No obvious cardiac masses.

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	5.2	NM	NM	2.2	30	58	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	NM	NM	0.96	6.4	2.9	3.3	2.3
*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)

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



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the murmur is chronic degenerative valve disease causing severe mitral and mild tricuspid regurgitation. Severe left atrial enlargement indicates the risk for spontaneous congestive heart failure is elevated. Early pulmonary hypertension is suspected, which is likely secondary to chronic LA pressure elevation. No additional issues are identified.

This patient has an extensive respiratory history that is difficult to decipher at this point. CHF versus pneumonia is a radiographic diagnosis that can only be supported by ultrasound. **While severe disease is seen here, this does not rule out concurrent respiratory issues which are certainly suspected in this case.** Consider a Radiologist review of all prior films to help determine the primary cause of current and prior clinical signs. Going forward, full cardiac support is still recommended, although the Lasix dose is quite high and should not be further increased unless the patient has clear concise evidence of CHF in the future (on CXR). Other possible diagnostics should also be considered, such as a respiratory evaluation and sampling given chronic antibiotic use.

Cough suppression to improve QOL can also be considered (hydrocodone, 0.2-0.4mg/kg up to q4-6h PRN) for any residual mechanical cough in the face of normal sleeping respiratory rates. The average survival time of canine patients with active pulmonary edema is 8-9 months on medications, however they generally are able to maintain a good quality of life for that period. Patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

Omega fatty acid supplementation and mild salt restriction may also be of some long-term benefit. Monitor for acute progression of the cough, labored breathing, exercise intolerance or collapse episodes in the future.

PLAN

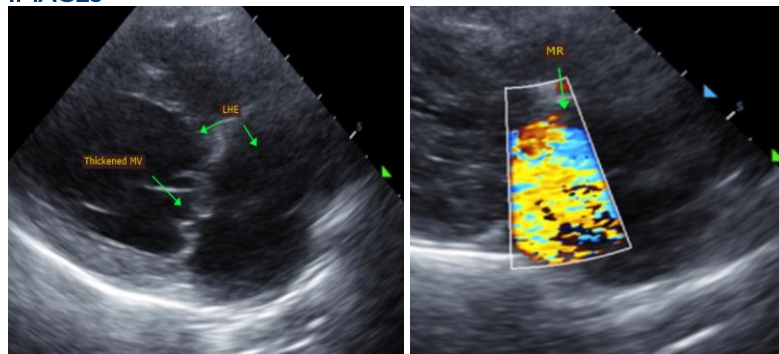
Administer Pimobendan 0.3mg/kg PO q12h. Continue Lasix as prescribed. Institute Spironolactone 1-2mg/kg PO q12h. Continue ACE-I 0.5mg/kg PO q12h, pending BP assessment.

No further comment can be made on respiratory disease and further evaluation is strongly recommended as previously discussed.

Monitor SRRs at home. Monitor renal values and BP every 3-4 months while on diuretics.

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

IMAGES





PATIENT

Mocha Bailey

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.

SPECIES

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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.

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Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
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