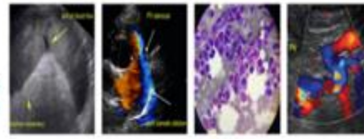

PATIENT
Ivan Waldmann

SPECIES
Canine

BREED
Silky Terrier

SEX
Male Neutered

AGE
13 years

WEIGHT
14.56lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Eduardo Rodrigues III, RCS

HOSPITAL NAME
Mass Veterinary Services

REFERRING VET
Dr. Masloski

INVOICE
27990

DATE
12/14/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Presently, Ivan is not very visual in his OD. Pain management issues being addressed by his primary. The family has also noted some dementia with Ivan walking in circles, staring at the wall. No coughing but does have some panting. Melatonin is helping him sleep. He is eating well with no C/S/V/D noted. On exam: NSR, grade IIIVI murmur with PMI left apical area radiating to right, PSS, lung fields clear, mm pink, moist. BP: 120mmHg. Current medications: 1) Pimobendan/vetmedin 1.25mg mg 1.5 tabs twice a day 2) Diclofenac both eyes twice a day 3) Optix care both eyes twice a day 4) Thyroxine 0.3mg 1 tab twice a day 5) Lasix/furosemide 20mg 1/2 tab twice a day 6) Melatonin daily 7) Glucosamine daily 8) pain meds (family unsure what meds) prn *No sedation for study.
-Pertinent previous echo findings (6/15/22 MML): LA 2.6 cm; LA:Ao 1.6; LV 2.8 cm; moderate LAE; mild LVE; moderate-severe MR; mild TR (3.4 m/s; 46 mmHg0; mild pulmonary hypertension.

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available; 25mm/s, 10mm/mV. The average heart rate is 90bpm (range 52-166bpm). The rhythm is sinus in origin, with a p for every QRS complex and vice versa. P and QRS morphologies are positive. Isolated APCs and VPCs are seen throughout; singles only. No sustained arrhythmias, significant pauses or other dysrhythmias are observed.
ECG diagnosis: Respiratory sinus arrhythmia with isolated APCs and VPCs.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is mildly increased with hyperdynamic function. LV wall thicknesses are normal.
Left atrium: The left atrium is moderately dilated.
Mitral valve: The mitral valve is diffusely thickened with mild prolapse into the left atrial lumen. Moderate to severe eccentric mitral regurgitation with a normal velocity.
Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.
Right ventricle: Mild RV enlargement.
Right atrium: Mild RA enlargement.
Tricuspid valve: The tricuspid valve appears mildly thickened with moderate tricuspid regurgitation. Velocity consistent with mild to moderate pulmonary hypertension.
Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.
Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

2-Dimensional Measurements

Ao diam (cm)	1.5
LA diam (cm)	2.4
LA:Ao (Swe)	1.9
IVS thickness (cm)	0.6
LVID diastole (cm)	2.9
PW thickness (cm)	0.6
LVID systole (cm)	1.6
FS (%)	38

Doppler Measurements

PV Vmax (m/s)	0.9
AoV Vmax (m/s)	1.6
MR Vmax (m/s)	6.3
TR Vmax (m/s)	3.4
TR PG (mmHg)	46

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INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with evidence of mild progression. Moderate to severe mitral regurgitation is similar to previous with mild progression in left heart dimensions. The TR is increased comparatively with a slight increase in pulmonary hypertension. No additional structural issues are identified.

Given these findings, continue Pimobendan as previously recommended. Lasix has been prescribed since the previous exam without explanation, and if CHF has been suspected or diagnosed, this should be continued. Otherwise, there is no clear indication. Continues assessment of progression in the future will help predict long term outcome; however, prognosis is guarded at this stage (B2/C).

The ECG shows a respiratory sinus arrythmia, which is likely reflective of high vagal tone. Causes of high vagal tone should be considered, such as neurologic disease in this patient. Additionally, there are isolated premature beats, both ventricular and atrial in origin. While these may develop secondary to structural changes, other systemic issues should be considered. No treatment for the arrythmias is warranted at this time.

Despite these findings, no correlation to current neurologic issues is suspected. Further evaluation is recommended.

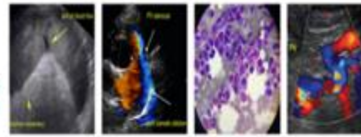
RECOMMENDATIONS

- Continue Pimobendan 0.3mg/kg PO q12h.
- If CHF is or was confirmed, Lasix should be continued. Otherwise, there is no clear indication.
- Further evaluation of systemic/neurologic illness is recommended.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

PLAN

- Recommend conservative monitoring with a recheck echocardiogram in 6-12 months, sooner if any development of clinical signs.

Mass Veterinary Services



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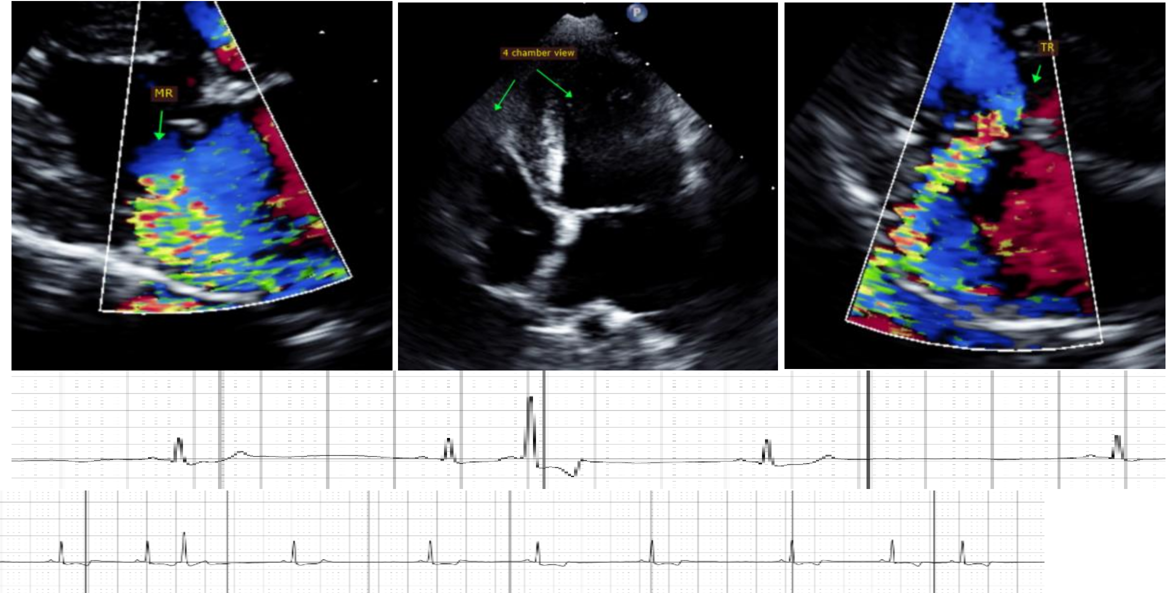

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
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Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)