



PATIENT

Wilma Godbee

SPECIES

Canine

BREED

West Highland Terrier

SEX

Female Spayed

AGE

14 years

WEIGHT

23.2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Englewood Vet
Center

REFERRING VET

Dr. Ezik

INVOICE

22525

DATE

2/11/22

PRESENTING CLINICAL SIGNS

History: Follow up echo. Clinically stable. Grade 3/6 heart murmur/gallop.

-ECG report (2/11/2022 Idexx): 2nd degree AV block. HR: 104bpm.

- Pertinent previous echo findings (5/2021 MML): Mild MR, no LA/LVE, mild to moderate TR, mild to moderate PAH, mild RA/RVE. TR: 3.4, LA: 1.75, LV: 2.95.

-Pertinent holter results (6/2021 MML): Sick sinus syndrome with sinus pauses, SVT and premature beats.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild thickening of mitral valve leaflets with no prolapse into the left atrial lumen. Mild eccentric mitral regurgitation with moderate left atrial dilation. Mild LV dilation with adequate myocardial function. The tricuspid valve appears mildly thickened with moderate tricuspid regurgitation. Velocity unable to be measured; however, moderate right heart enlargement is present. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. Mild aortic and pulmonic insufficiency. 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	NM	NM	1.4	1.8	50	92	0.38
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	1.6	1.5	10.5	2.2	3.1	1.5
*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. While the MR and TR are similar to previous, there is now 4 chamber enlargement. This is likely due to chronic bradycardia, given the patients underlying bradyarrhythmia. The pulmonary hypertension is not measured; however, this is presumably stable given a lack of associated clinical signs. No additional issues are identified.



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From a structural standpoint, these findings are likely secondary to the arrhythmia rather than the structural disease. If referral has been declined, I would consider institution of Pimobendan at this time to maintain cardiac support as able. Additionally, Theophylline can be utilized for some degree of possible heart rate stimulation, if not already tried. No obvious indication for additional medications. Prognosis is guarded, as this patient will be at risk for progression to CHF, worsening arrhythmias/collapse, and/or sudden death.

This study does not address the persistent arrhythmia, which is seen throughout the study. Highly recommend a recheck holter monitor, particularly if the patient is experiencing any clinical signs.

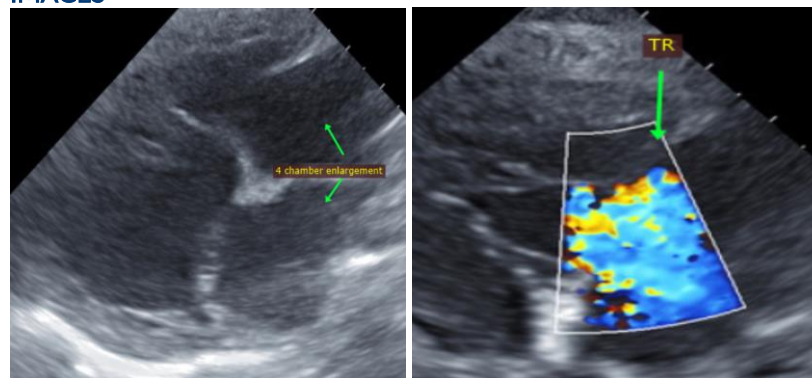
Anesthesia is not advised lifelong.

PLAN

Institute Pimobendan 0.3mg/kg PO q12h. Baseline BP every 6 months. Consider a trial of Theophylline if not already performed (10mg/kg PO q12h), referral, systemic evaluation, etc. Reassess holter monitor every 6 months, sooner if any syncope is noted.

Recommend conservative monitoring 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.

Maggie Machen Lamy, DVM
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