



PATIENT

Mitch Chofay

SPECIES

Canine

BREED

Shih Tzu Mix

SEX

Male Neutered

AGE

11 years

WEIGHT

9.12lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Jennifer Migner,
RDCS

HOSPITAL NAME

Airport Animal
Hospital

REFERRING VET

Dr. Gudluru

INVOICE

22534

DATE

2/13/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease (B2). Mitch has been having seizure vs syncope episodes recently.

Current medications Pimobendan 1.25 mg/0.1 ml transdermal BID and Enalapril 2.5 mg/0.1ml BID He also has elevated ALT and is on Denamarin supplement. BP: 163/139, 155/111, 147/112 mmHg (Feb 4, 2022).

- Pertinent previous echo findings (5/3/21, Barbara Brewer, CVRT, VTS - NEVS): LA 2.4 cm; LA:Ao 1.85; LV 2.3 cm; moderate LAE; moderate MR; moderate TR (2.72 m/s).

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: Significant LV dilation with hyperdynamic myocardial function.

Left atrium: The left atrium is severely dilated.

Mitral valve: Marked diffuse thickening of mitral valve leaflets with marked prolapse into the left atrial lumen. Marked eccentric mitral regurgitation.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Moderate aortic insufficiency.

Right ventricle: Mild RV dilation.

Right atrium: Mild right atrial dilation.

Tricuspid valve: The tricuspid valve appears thickened and prolapsing with moderate tricuspid regurgitation. Elevated velocity consistent with mild pulmonary hypertension.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. Normal pulmonic outflow velocities with laminar flow. No PI.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 140bpm.

2-Dimensional Measurements

Ao diam (cm)	1.2
LA diam (cm)	2.6
LA:Ao (Swe)	2.2
IVS thickness (cm)	0.56
LVID diastole (cm)	2.8
PW thickness (cm)	0.57
LVID systole (cm)	0.95
FS (%)	66

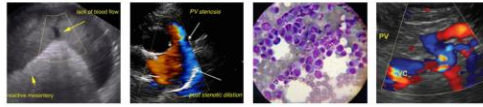
Doppler Measurements

PV Vmax (m/s)	0.53
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	5.6
TR Vmax (m/s)	3.2
TR PG (mmHg)	40

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with severe disease. Marked mitral and moderate tricuspid regurgitation are identified with four chamber dilation. The degree of mitral valve prolapse is marked and may put the patient at risk for a ruptured chordae tendineae. Mild pulmonary hypertension is noted, which is likely secondary to a combination of chronic LA pressure elevation and active congestion. Significant aortic insufficiency is noted; however, the reported blood pressures are reasonable. No additional issues are identified.

In light of syncope and severity of disease on echocardiogram, there is suspicion of early decompensation and full cardiac supportive medications are recommended as below.



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Exertional syncope/seizures in this patient are most likely due to early decompensation. That being said, should the episodes persist despite full cardiac support further evaluation may be indicated, such as a holter monitor, Sildenafil trial, etc.

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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.

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RECOMMENDATIONS

- Institute furosemide 1-2mg/kg PO q12h.
- Institute spironolactone 1-2mg/kg PO q12h.
- Administer Pimobendan 0.3mg/kg PO q12h.
- Administer Enalapril 0.5mg/kg PO q12h.
- Pending response, consider hydrocodone with homatropine 0.2-0.4mg/kg up to q4-6 hours PRN for any residual mechanical cough in the face of normal sleeping respiratory rates.
- If syncope persists despite therapy, consider a holter monitor, Sildenafil trial, etc.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.
- Monitoring of sleeping respiratory rates will be paramount to screen for congestive heart failure at home.
- Elective anesthesia is not advised.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

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PLAN

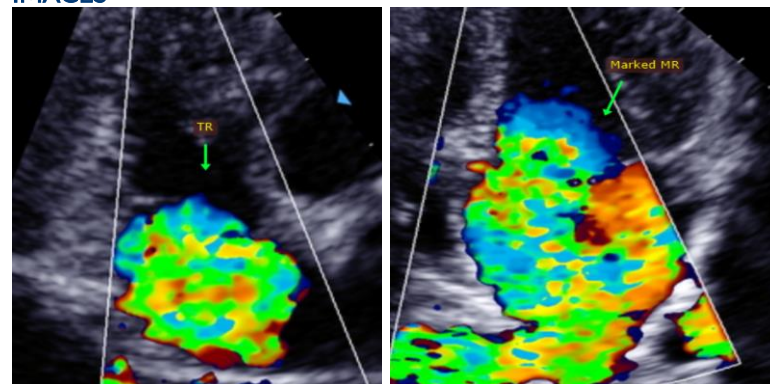
- Monitor renal values and BP in 1-2 weeks. If BP >130mmHg, institute ACEI 0.5mg/kg PO q12h. Monitor renal panel/NBP every 3-4 months lifelong.
- Recommend conservative monitoring with a recheck echocardiogram in 4-6 months, sooner if any development of clinical signs.

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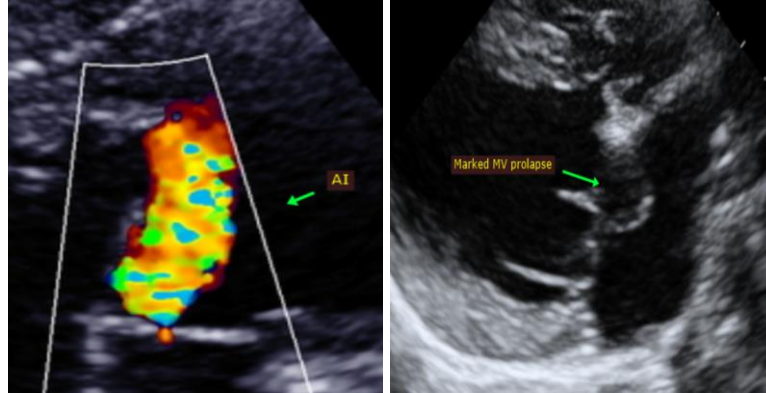
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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