

PATIENT

Kody Bradford

SPECIES

Canine

BREED

Beagle

SEX

Male Neutered

AGE

13 years

WEIGHT

34.9lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

22586

DATE

2/15/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B1 noted on prior echo 6/15/21. In October 2021, he was noted to have cardiomegaly on radiographs and was started on Pimobendan and also Enalapril (for PLN). Several weeks ago, he was seen on an emergent basis for increased coughing and dyspnea and Lasix was started. The cough seems improved since on Lasix. Kody is continuing to eat well but his activity waxes and wanes. He had a MCT removed from his neck since his last echo. On auscultation: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear. BP: 150 mmHg x 4.
-Current medications: 1) Pimobendan/vetmedin 5mg 1 tab twice a day 2) Enalapril 5mg 1.5 tabs twice a day 3) Thyroxine 0.2mg 1 tab twice a day 4) Lasix/furosemide 12.5mg 1 tab daily--
-ran out this morning 5) Gabapentin 200mg 1 capsule twice a day 6) Benadryl 50mg twice a day *No sedation for study.
-Pertinent previous echo findings (6/15/21 MML): LA 2.7 cm; LA:Ao 1.5; LV 2.7 cm; mild LAE; moderate MR; mild TR (2.6 m/s).

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is increased with hyperdynamic function. LV wall thicknesses are mildly decreased.
Left atrium: The left atrium is moderate to severely dilated.
Mitral valve: The mitral valve is 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 appears normal with normal outflow velocity; laminar flow. Mild aortic insufficiency.
Right ventricle: Right ventricular is normal.
Right atrium: Right atrium is normal.
Tricuspid valve: The tricuspid valve appears mildly thickened with mild tricuspid regurgitation. Normal velocity.
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.
Heart rhythm: ECG reveals a sinus rhythm with an average HR of 130bpm.

2-Dimensional Measurements

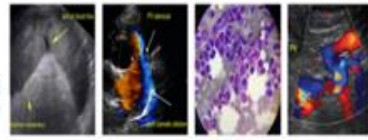
Ao diam (cm)	2.0
LA diam (cm)	3.8
LA:Ao (Swe)	1.9
IVS thickness (cm)	0.8
LVID diastole (cm)	4.6
PW thickness (cm)	0.8
LVID systole (cm)	1.8
FS (%)	60

Doppler Measurements

PV Vmax (m/s)	1.2
AoV Vmax (m/s)	1.7
MR Vmax (m/s)	6.0
TR Vmax (m/s)	2.7
TR PG (mmHg)	30

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with evidence of progression. Moderate mitral regurgitation has increased with increasing left heart dimensions. Mild tricuspid regurgitation is unchanged without significant pulmonary hypertension. No additional issues are noted.



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These findings in light of the history are concerning for congestive heart failure and continued lifelong medications are recommended as below. If there is any question on the previous diagnosis, baseline chest radiographs should be considered as this breed is also predisposed to primary respiratory disease. The dose of Lasix is subclinical and should certainly be increased moving forward, with addition of Spironolactone. Hydrocodone can be utilized if needed for quality of life in the face of normal breathing rates.

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Assessment of progression in the future will help predict long term outcome, however prognosis is guarded to poor once on diuretic therapy (stage C). Unfortunately, the patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

SEX
Male Neutered

RECOMMENDATIONS

- Administer Lasix 1-2mg/kg PO q12h.
- Administer Spironolactone 1-2mg/kg PO q12h.
- Continue Enalapril and Pimobendan as prescribed.
- If any question on the previous diagnosis, baseline chest radiographs should be repeated.
- Consider Hydrocodone if needed for quality of life (up to q4-6h PRN).
- Close monitoring for development of associated clinical signs (development of a cough, labored breathing, exercise intolerance or worsening collapse episodes) is recommended.
- Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF at home.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Mild activity restriction is advised.
- Elective anesthesia is not advised.

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PLAN

- A renal panel is recommended in 1-2 weeks to ensure tolerance of medication changes, then every 3-4 months lifelong.
- Recommend recheck echocardiogram and BP in 4-6 months, sooner if any development of clinical signs.

IMAGING PERFORMED BY
Pamela Harrigan,
RDCS

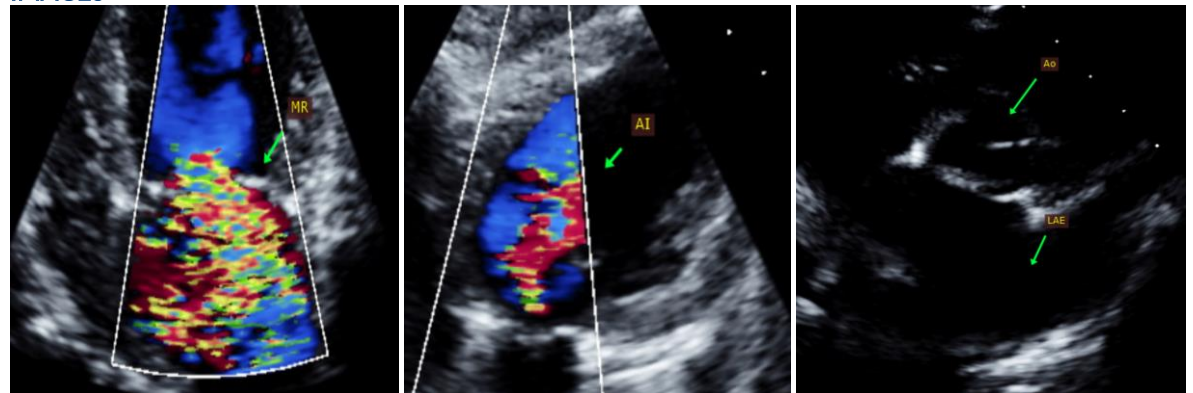
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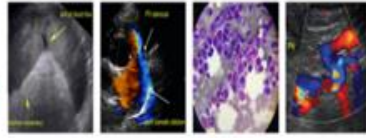
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IMAGES





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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.

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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.

BREED

Beagle

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)

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