



PATIENT

Juby Yoon

SPECIES

Canine

BREED

Chihuahua

SEX

Female Spayed

AGE

12 years

WEIGHT

7.14lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Animal General on
Hudson

REFERRING VET

Dr. Tierney

INVOICE

29020

DATE

2/15/23

PRESENTING CLINICAL SIGNS

History: Recheck echo.

-Abnormal PE/Chem/CBC/UA Results: BUN 47, PLTs 452.

-Current medications: Pimobendan 5mgs 1/4 BID, Hycodan 5mgs 1/4 q8h, Interceptor.

-Pertinent previous echo findings (3/2022 MML): Mod MR, moderate LAE, trace TR. LA: 2.0, LV: 2.5.

ECHOCARDIOGRAM FINDINGS

2D, m-mode and color flow imaging is available. The mitral valve is diffusely thickened (ant>>post) with significant prolapse into the left atrial lumen. There is mild to moderate eccentric mitral regurgitation present. There is mild left atrial enlargement. Decreased LV diameter with adequate myocardial function. There is normal systolic flow velocity across the aortic valve. The aortic valve appears trileaflet with normal mobility. Trace AI. The main pulmonary artery is normal in dimension. Normal systolic flow across the pulmonic valve. No PI. No right atrial or right ventricular dilation. The tricuspid valve is mildly thickened with trace tricuspid regurgitation. No pericardial/pleural effusion or cardiac masses are seen.

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	6.2	NM	NM	1.6	44	80	0.2
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	1.0	0.9	3.2	1.5	1.8	1.0
*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

Compared to the prior study, findings similar. There is actually evidence of volume contraction compared to the previous measurements and **baseline lab work is recommended if not recently assessed**. Additionally, an aortic leak has developed, and a baseline BP is strongly recommended. No additional issues are identified.



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Given these findings, continue Pimobendan going forward. No additional medications are warranted. Continued assessment of progression in the future will help predict long term outcome; however, prognosis is guarded at this stage (B1/B2).

Omega fatty acid supplementation and mild salt restriction may also be of some long-term benefit. Monitor for development of a progressive cough, labored breathing, exercise intolerance or collapse episodes.

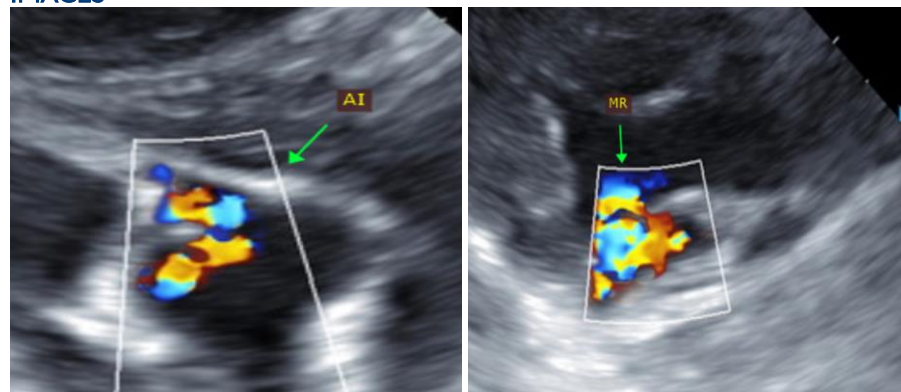
Anesthetic risk is considered mildly elevated. Cardiac protective drug choices (opioid/benzodiazepine premedication, Propofol or alfaxalone induction, iso or sevo gas) are recommended. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Judicious IV fluid rates are recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

PLAN

Continue Pimobendan and Hydrocodone as prescribed. Baseline BP and lab work recommended based upon these findings.

Recommend monitor for progression 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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