



PATIENT

Princess Becerra

SPECIES

Canine

BREED

Pitbull Mix

SEX

Female Spayed

AGE

~7 years

WEIGHT

69.2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Englewood Vet
Center

REFERRING VET

Dr. Ezik

INVOICE

22358

DATE

2/2/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. Assess prior to dental. Doing well at home.

-Current medications: Diltiazem 60mg 1.5 tabs q8h, Vetmedin 10mg q12h.

-Pertinent previous echo findings (5/2021 MML): Mild LAE with mild MR/TR. History of SVT with good control.

-Holter (10/2021 MML): Rare SVT with occasional premature beats.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild LV dilation with depressed myocardial function. Mild to moderate left atrial enlargement. The mitral valve appears mildly thickened, with no prolapse into the left atrial lumen. Moderate mitral regurgitation. The tricuspid valve appears mildly thickened. No right atrial or ventricular dilation. Mild tricuspid regurgitation. Normal velocity. The aortic valve is normal in morphology and mobility. No subvalvular ridge present; normal LVOT velocity. No aortic insufficiency. Normal pulmonic valve with no pulmonic insufficiency seen. No pericardial or pleural effusion noted. No obvious cardiac tumors.

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	5.5	2.5	1.3	1.4	24	45	0.6
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	93	1.0		31.4	3.4	5.0	3.8
*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 there is evidence of progression in quantitative MR, left heart dilation and development of mild systolic dysfunction. Comparing the raw numbers, the relative change is overall mild; however, any systolic dysfunction in a large breed dog is concerning. While this may certainly be secondary to progressive mitral valve disease in a large breed dog, consider screening for possible contributing factors (such as non-traditional diet, thyroid disease, etc.). No obvious additional issues are identified.



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Given that the patient is already on Pimobendan and the arrhythmia is historically well controlled, use of additional medications is debatable. A baseline blood pressure is recommended with institution of an ACE-I if >150mmHg. A taurine supplement is also reasonable, although likely of limited benefit. No additional medications are warranted at this time; however, follow up is advised in 6 months to screen for persistent progressive changes.

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Monitoring of sleeping respiratory rates will be paramount to screen for issues at home in the future. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes in the future. Patient will remain at risk for both right and left-sided congestion lifelong. Omega fatty acid supplementation (1000mg once to twice daily) and mild salt restriction may be of some long-term benefit.

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Anesthetic risk is considered moderate if needed. Ideally, perform systemic screening (BP, T4, etc) and a recheck holter prior to proceeding to ensure no additional issues are contributing. 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.

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PLAN

Continue Pimobendan and Diltiazem as prescribed. Recommend holter monitoring every 6 months. Baseline BP recommended with institution of an ACE-I (0.5mg/kg PO q12h) if >150mmHg. Consider screening thyroid status, diet history, etc. Consider taurine supplement; 1000mg PO q12h.

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A recheck echocardiogram is recommended in 6 months to screen for progressive issues, sooner if clinical signs arise.

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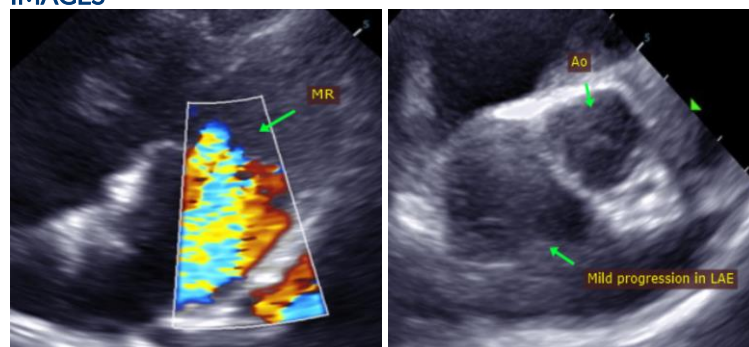
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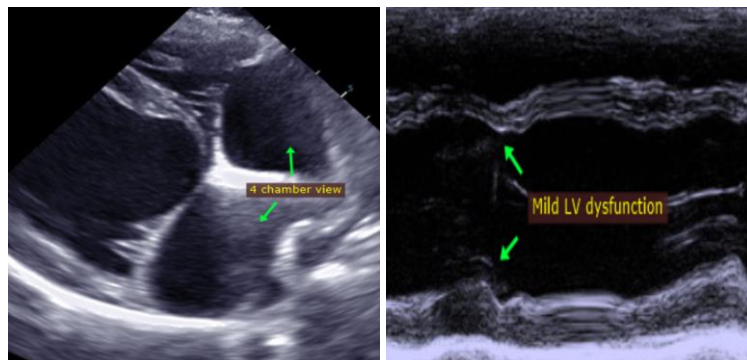
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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