



PATIENT

Sugar Pomerleau

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Female Spayed

AGE

12 years

WEIGHT

8.4lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Karen Ebersole,
DVM, DABVP

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Perkins

INVOICE

28745

DATE

2/2/23

PRESENTING CLINICAL SIGNS

History: New grade 3/6 heart murmur. Cough for several months, especially when exerts herself. May urinate when coughs deeply.

-Current meds: Pimobendan 0.2mg/kg BID, Benazepril 0.5mg/kg SID, Furosemide 2.5mg/kg BID, Spironolactone 6.25 mg BID. Phenobarbital 16.2mg 1 tab am and 1/2 tab pm.

Abnormal PE/Chem/CBC/UA Results: Crackles on thoracic auscultation, RR 32/min; No cough elicited w/ tracheal palpation or with percussion Pheno level 27 (upper end of therapeutic range) Liver/kidney panel: alt 142, alk phos 243, rest wnl 4 DX: neg x 4.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets (anterior>posterior) with mild prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with mild to moderate left atrial dilation. Normal MR velocity. Mildly increased LV diameter with hyperdynamic myocardial function. The tricuspid valve appears subjectively normal, without significant tricuspid regurgitation. Normal right atrial and ventricular diameter. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities. Mild to moderate aortic and no pulmonic insufficiency. No pericardial or pleural effusion noted. No cardiac tumors observed.

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	NA	NM	1.6	58	89	0.10
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	154	1.7	1.1	3.8	1.9	2.8	1.2
*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 causing moderate mitral and trace tricuspid regurgitation.

Mild to moderate left atrial enlargement indicates there is relatively low risk for imminent complication; however, risk for progression to spontaneous congestive heart failure in the future



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is elevated. An aortic leak is identified and a baseline blood pressure is recommended. No additional issues are identified.

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Given the risk for progression and results of the EPIC trial, continued Pimobendan is indicated in this patient as below. Additionally an ACEI is reasonable given an aortic insufficiency. No obvious indication for Lasix or spironolactone at this stage, and both can be discontinued. Assessment of progression in the future will help predict long term outcome; however, prognosis is guarded at this stage (B2).

BREED

Yorkshire Terrier

While mainstem bronchi compression may certainly be contributing to a chronic increase in coughing, other primary airway contributions should also be considered (tracheal collapse, COPD/chronic bronchitis, etc). Screening chest radiographs are recommended; however, given the chronicity of the cough and concurrent crackles lower airway disease is suspected. Consider hydrocodone for any mechanical component due to cardiomegaly. Chronic respiratory signs can lead to development of pulmonary hypertension if poorly controlled. Monitor for signs of this development, such as exertional syncope or collapse.

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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.

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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.

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Maggie Machen Lamy,
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(Cardiology)

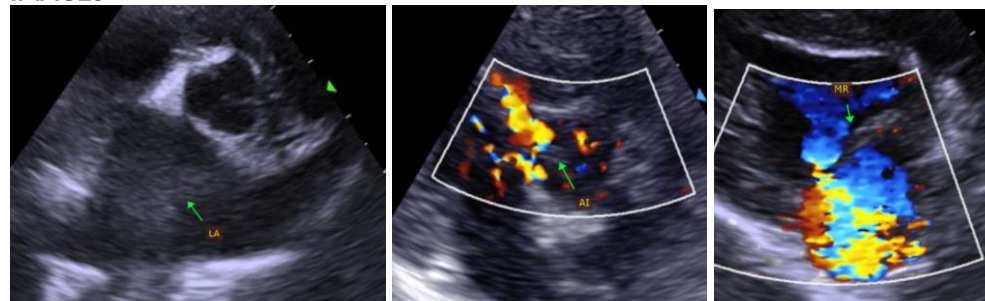
Plan: Baseline BP recommended. Continue heart muscle support Pimobendan 0.3mg/kg PO q12h. Continue ACEI 0.5mg/kg PO q12h. Consider hydrocodone as discussed. Discontinue Lasix/spironolactone.

IMAGING PERFORMED BY

Karen Ebersole,
DVM, DABVP

Recommend monitor for progression with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

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



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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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