

PATIENT

Otis Runk

SPECIES

Canine

BREED

Border Collie Mix

SEX

Male Neutered

AGE

7years

WEIGHT

67.3lbs; 30.5.kgs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Liz Gray, DVM

HOSPITAL NAME

Brookwood Animal
Clinic

REFERRING VET

Dr. Loomis

INVOICE

22701

DATE

2/20/22

PRESENTING CLINICAL SIGNS

History: Recheck DCM/CHF, suspected dietary.
-Current medications: Mexiletine 200mg BID, Pimobendan 10mg BID, Spironolactone 50mg BID, Furosemide 50mg BID, 800mg taurine.

ECHOCARDIOGRAM FINDINGS

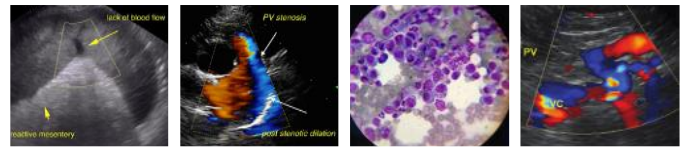
2D, m-mode, color flow and doppler imaging is available. Severe left ventricular dilation with diminished systolic function. Decreased LV wall thickness with increased sphericity. Severe left atrial enlargement. The mitral valve appears normal in form and function, with no obvious prolapse into the left atrial lumen. Moderate mitral and trace tricuspid regurgitation secondary to dilation. Mild right atrial and ventricular dilation. 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. VPCs are noted throughout the study (ECG attached).

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	4.0	2.5	NM	2.2	8	18	1.9
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	0.8	0.65	30.5	4.4	6.1	5.6
*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

Unfortunately, severe disease persists with 4 chamber dilation and marked systolic dysfunction. While the prior measurements are not available for comparison, the disease remains in the severe category. This would suggest there has not been a dramatic improvement, despite changing the diet and primary disease is suspected. The LA remains dilated and there is risk for congestive heart failure going forward. Additionally, VPCs are noted throughout the study and a full ECG or holter monitor is recommended.



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Given these finding, the dysfunction is unlikely to be related to the prior grain free diet and is more likely a primary issue. This is surprising in an atypical breed; however, most diet-related cardiomyopathy cases will show some improvement in function over 6 months. Given the persistent dysfunction, I would continue all medications as previously recommended with no alternations. Continue to monitor for associated clinical signs, such as collapse or respiratory distress. Prognosis is poor long term however hopefully a good quality of life can be maintained for some time.

Monitor for development of a cough, worsening labored breathing, exercise intolerance or collapse episodes in the future. Monitoring of sleeping breathing rates at home is recommended to assess response to medications and recurrence of CHF in the future.

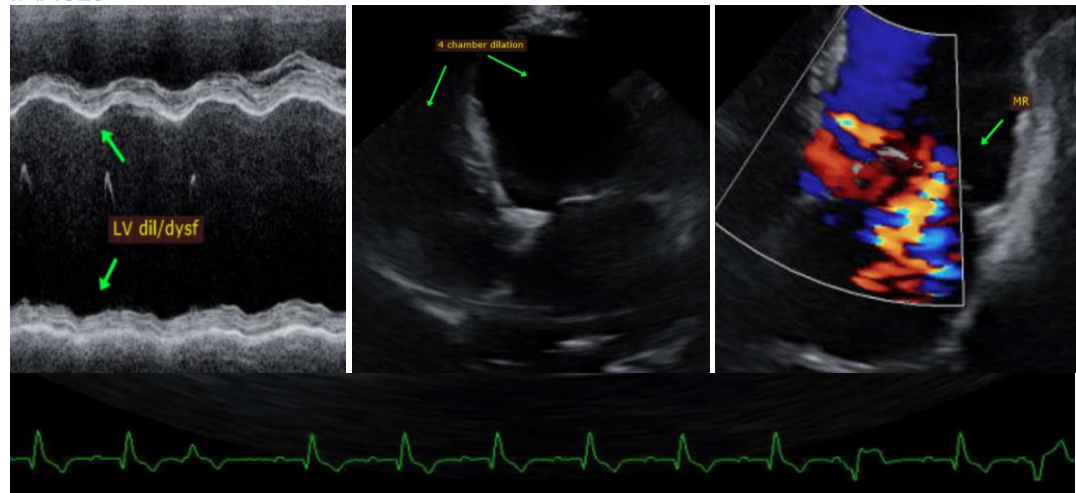
Patient will always remain at high risk for recurring CHF, development of arrhythmia/LA tear, syncope and/or sudden death in the future.

PLAN

Continue Lasix, Spironolactone, Pimobendan and Mexiletine as prescribed recommended. **Reassess ECG or holter monitor to determine if additional anti-arrhythmic therapy is recommended.**

Monitor renal values, ECG, BP every 3-4 months. Continue taurine supplement as prescribed. Recommend recheck echocardiogram in 6 months to continue to monitor for progression.

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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