



PATIENT

Annie Bell

SPECIES

Canine

BREED

Maltipoo

SEX

Female Spayed

AGE

9 years

WEIGHT

13lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Loetitia St-Jacques,
LVT/RVT

HOSPITAL NAME

Donner Truckee
Veterinary Hospital

REFERRING VET

Dr. Vannini

INVOICE

29119

DATE

2/20/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. Heart murmur, grade 3-4/6. Collapsing episodes 10/2022 with BP: 200mmHg; Sildenafil 5mg BID started. No further collapsing episodes. Today BP: 175mmHg.
-Current medications: Pimobendan 1.5mg BID.
-Pertinent previous echo findings (5/2022 MML): Moderate MR, moderate LAE, mild LVE, trace TR: 2.2m/s. LA: 1.9, LV: 3.2.

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 to severe eccentric mitral regurgitation with severe left atrial dilation. Flail mitral leaflets with evidence of a ruptured chord. Mildly increased LV diameter with hyperdynamic myocardial function. The tricuspid valve appears subjectively normal, with trace tricuspid regurgitation. Velocity consistent with borderline pulmonary hypertension. Normal right atrial and ventricular diameter. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities. No aortic or 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	6.0	2.9	NM	2.5	53	85	NM
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	1.4	1.2	5.9	2.5	3.2	1.5
*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)
*Note: All measurements based upon multi-modal images and methods. An average value is reported.				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)
Adapted from June Boon, Veterinary Echocardiography, 1998 Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435 Hansson et al, Vet Rad and Ultrasound 2002 Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995							

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease persists with evidence of progression. A ruptured chord and flail leaflet are identified, which likely explain recent collapse episodes. Regardless, the LA and LV have progressed comparatively, suggesting risk for complication. Minimal pulmonary hypertension is noted, which is of little clinical significance at this time.



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Given these findings, continue Pimobendan is recommended. Addition of an ACE-I and Spironolactone are also suggested given the atypical history. Sildenafil should not have a significant impact on systemic pressures and can be safely discontinued, If hypertension is noted in the future, a medication like Amlodipine would be indicated. Assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (late 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 elevated and should be avoided.

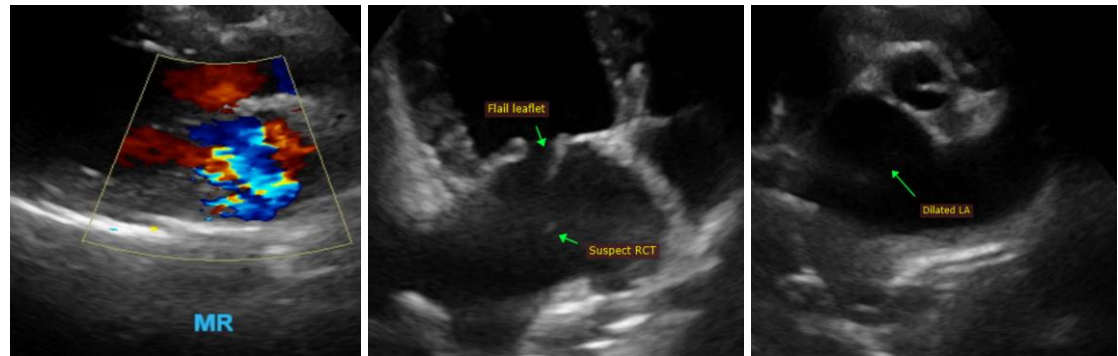
PLAN

Continue Pimobendan 0.25-0.3mg/kg PO q12h. Discontinue Sildenafil as discussed. Institute ACE-I 0.5mg/kg Po q12h. Institute Spironolactone 1-2mg/kg PO q12h.

Monitor BP and renal values every 3-4 months lifelong. If true systemic hypertension is noted in the future, consider Amlodipine.

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
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com



Portable Animal Western Sonography, Inc.

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pawsonography@gmail.com  530-786-8340

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