


PATIENT

Pierre Feyen

PRESENTING CLINICAL SIGNS

 History: Recheck echo.
 -Current medications: Vetmedin 2.5mg BID, owner is unable to give furosemide.
 -Pertinent previous echo findings (8.2021 MML): Severe MR, severe LA/LVE, mild TR: 3.0m/s.
 LA: 2.3, LV: 3.9.

SPECIES

Canine

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets with prolapse into the left atrial lumen. Flail anterior leaflet. Severe eccentric mitral regurgitation with severe left atrial dilation. LV dilation with hyperdynamic myocardial function. The tricuspid valve appears mildly thickened with mild tricuspid regurgitation. TR velocity is mildly elevated. Right heart is mildly dilated. 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 obvious cardiac tumors observed.

BREED

Bichon Mix

SEX

Male Neutered

AGE

8 years

CARDIAC CHART
WEIGHT

17.6lbs

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	6.8	3.0	NM	2.5	51	84	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	100	2.0	1.1	8.0	2.5	3.9	1.7
*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)

INTERPRETED BY

 Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

 Hawkins Animal
 Hospital

REFERRING VET

Dr. Hawkins

INVOICE

22761

DATE

2/23/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease persists with evidence of mild progression. The LA is increasing dilated, and a significant aortic insufficiency has developed. Significant LA and LV enlargement indicates the risk for spontaneous congestive heart failure is elevated. Pulmonary pressures are stable, and no additional issues are identified.

No clinical signs are mentioned in the history, which is encouraging; however, additional cardiac support remains recommended as was previously described (particularly given development of AI). If the patient cannot tolerate Lasix, when CHF develops in the future euthanasia should be elected.



PATIENT

Pierre Feyen Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF at home.

SPECIES

Canine Omega fatty acid supplementation and mild salt restriction may also be of some long-term benefit. Monitor for development of a worsening cough, labored breathing, exercise intolerance or collapse episodes. Long term prognosis is guarded to poor, with an average survival time of 8-9mo for canine patients with active pulmonary edema on medications, however they generally are able to maintain a good quality of life for that period. Patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

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PLAN

Continue Pimobendan 0.3mg/kg PO q12h. Institute Spironolactone 1-2mg/kg PO q12h. Institute ACE-I (benazepril or enalapril) 0.5mg/kg PO q12h. BP should be monitored every 6 months with aortic insufficiency. Consider hydrocodone with homatropine for QOL (0.2-0.4mg/kg PO up to q4-6 hours PRN for cough; available in 5/1.5mg tabs and 5mg/5ml liquid suspension). If any persistent change in RR/RE develops, recommend Lasix 1mg/kg PO q12h.

WEIGHT

17.6lbs

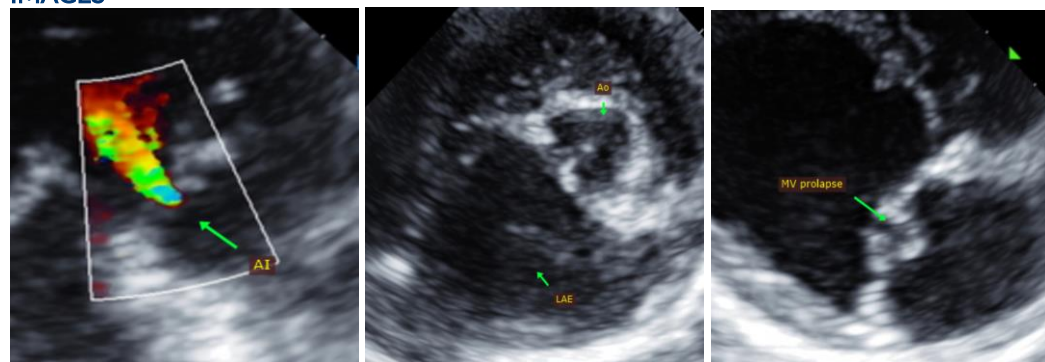
A renal panel and BP are recommended every 3-4 months lifelong.

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

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

IMAGES



IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

Hawkins Animal
Hospital

REFERRING VET

Dr. Hawkins

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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Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com