



PATIENT

Ellie Sciuto

SPECIES

Canine

BREED

Mix

SEX

Female Spayed

AGE

12 years

WEIGHT

27lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Jennifer Migner,
RDCS

HOSPITAL NAME

Mashpee Veterinary
Hospital

REFERRING VET

Dr. Oldham

INVOICE

22844

DATE

2/28/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B1 on prior echocardiogram. Now presents with increased coughing. Grade IV/VI systolic murmur on exam. Taking cough tabs. Radiographs: cardiomegaly, mixed interstitial pattern.
-Pertinent previous echo findings (12/18/20 MML): LA 2.2 cm; LA:Ao 1.3; LV 3.24 cm; mild LAE; moderate MR; trivial TR. *Sedated with butorphanol for study.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: Mild LV dilation with hyperdynamic function. LV wall thicknesses are normal.

Left atrium: The left atrium is severely enlarged and bulbous in appearance.

Mitral valve: Diffuse thickening of mitral valve leaflets (anterior > posterior) with mild prolapse into the left atrial lumen. Severe mitral regurgitation. Normal MR velocity.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. No AI. Normal LVOT velocity.

Right ventricle: Normal RV dimension. No obvious RVH.

Right atrium: Mild atrial dilation.

Tricuspid valve: The tricuspid valve appears mildly thickened with mild septal prolapse. Mild tricuspid regurgitation visualized. Velocity consistent with early pulmonary hypertension.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal with normal pulmonic outflow velocity. No pulmonic insufficiency.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

2-Dimensional Measurements

Ao diam (cm)	1.6
LA diam (cm)	3.2
LA:Ao (Swe)	1.98
IVS thickness (cm)	1.0
LVID diastole (cm)	3.6
PW thickness (cm)	1.0
LVID systole (cm)	2.4
FS (%)	43

Doppler Measurements

PV Vmax (m/s)	1.63
AoV Vmax (m/s)	1.6
MR Vmax (m/s)	6.0
TR Vmax (m/s)	2.6
TR PG (mmHg)	27

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing severe mitral and mild tricuspid regurgitation. Compared to the prior study there is significant progression with development of severe MR. Severe LA dilation indicates the risk for spontaneous congestive heart failure is high going forward. Mild pulmonary hypertension is identified which is likely secondary to chronic LA pressure elevation. No additional issues such as systolic dysfunction is identified.

In light of a reported cough, CXR results and severity of disease on echocardiogram, there is concern for early congestive heart failure. Institution of full cardiac supportive medications is recommended as below including low-dose Lasix therapy. Hydrocodone should also be considered for quality of life for any mechanical component. The average survival time of canine patients with active pulmonary edema is 8-9 months on medications, however they generally are able to maintain a good quality of life for that



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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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RECOMMENDATIONS

- Administer Furosemide 1mg/kg PO q12h.
- Administer Pimobendan 0.3mg/kg PO q12h.
- Institute Spironolactone 1-2mg/kg PO q12h.
- Pending response, consider hydrocodone with homatropine 0.2-0.4mg/kg up to q4-6 hours PRN for any residual mechanical cough in the face of normal sleeping respiratory rates.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.
- Monitoring of sleeping respiratory rates will be paramount to screen for congestive heart failure at home.
- Elective anesthesia is not advised.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

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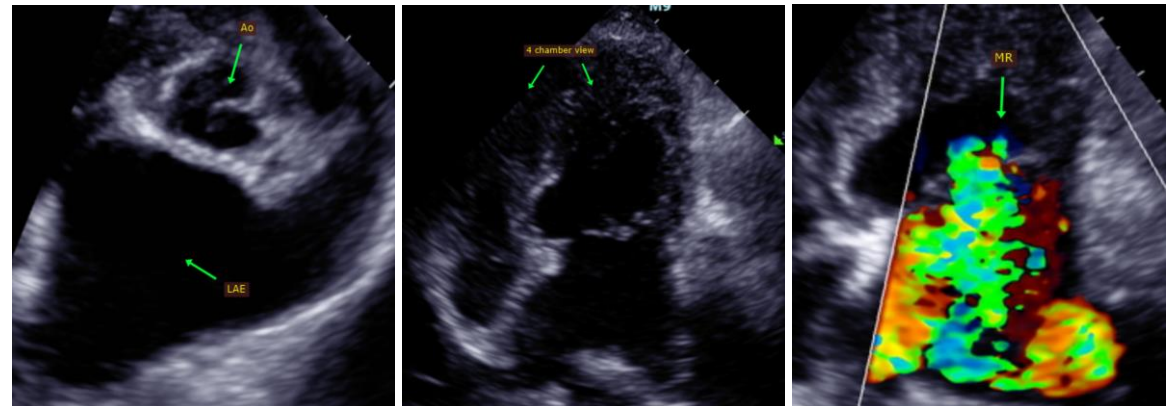
PLAN

- Monitor renal values and BP in 1-2 weeks. If BP >130mmHg, institute ACEI 0.5mg/kg PO q12h. Monitor renal panel/BP every 3-4 months lifelong.
- Recommend conservative monitoring with a recheck echocardiogram in 4-6 months, sooner if any development of clinical signs.

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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 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.

DATE

2/28/22

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