



PATIENT

Rocky Ravenhill

SPECIES

Canine

BREED

Shepherd Lab Mix

SEX

Male Neutered

AGE

11 years

WEIGHT

90.8lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

C. Belan, DVM

HOSPITAL NAME

Bowmont Animal
Clinic

REFERRING VET

Dr. Asemadahun

INVOICE

22836

DATE

2/28/22

PRESENTING CLINICAL SIGNS

History: Grade 3/6 murmur detected on physical exam , new finding. Was on grain free diet until 4 years ago. Nonclinical. Sedated butorphanol and alfaxen for scan.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild left ventricular dilation in both systole and diastole with mildly decreased systolic function. Mild left atrial enlargement. The mitral valve appears mildly thickened, with no obvious prolapse into the left atrial lumen. Mild to moderate anterior-directed mitral regurgitation. Normal velocity. The tricuspid valve appears normal in form and function. Trace TR. Normal velocity. Mild right atrial or 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.

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	4.5	2.6	1.4	1.4	22	40	1.1
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	80	1.1	0.6	41.2	2.7	5.5	4.2
*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

The academic diagnosis of chronic degenerative valve disease with systolic dysfunction versus true primary Cardiomyopathy could be argued in this case. The former is suspected, given the degree of regurgitation with only mild dysfunction. Regardless, treatment and prognosis are similar going forward. Mild LA dilation indicates the current risk is relatively low. That being said, the patient will always be at risk for progression to clinical signs. No additional issues are identified.

Even with only mild left atrial and ventricular enlargement, given concurrent systolic dysfunction Pimobendan is recommended as below. Prognosis is guarded long term, with risk for progression



PATIENT

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to CHF, malignant arrhythmias and/or sudden death in the future. Consider screening for causes of LV dysfunction, including hypothyroid disease. A grain-free diet that was discontinued 4 years ago is unlikely to be related; however, a Taurine supplement can be instituted to cover all bases.

SPECIES

Canine

Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes in the future. Monitoring of sleeping breathing rates at home is recommended to screen for progression in the future. Mild activity restriction is advised. Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

BREED

Shepherd Lab Mix

Once on the medication for 3-5 days, anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

SEX

Male Neutered

AGE

11 years

PLAN:

Institute Pimobendan 0.3mg/kg PO q12h. Screening BP is recommended. Consider a Taurine supplement 1000mg PO q12h.

WEIGHT

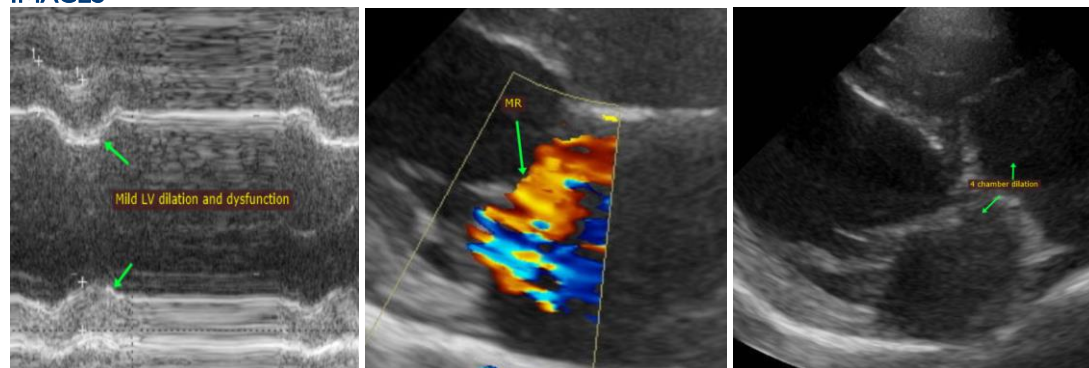
90.8lbs

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

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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.

REFERRING VET

Dr. Asemadahun

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.

INVOICE

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