



PATIENT

Ranger Lange

SPECIES

Canine

BREED

Skipperke

SEX

Male Neutered

AGE

11 years

WEIGHT

20lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Fred Gromalak, DVM

HOSPITAL NAME

SVS Imaging

REFERRING VET

Dr. Miller

INVOICE

22380

DATE

2/6/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. Long standing cough, unchanged.

BP: 158/101 MAP 115mmHg.

-Pertinent previous echo findings (8/2021 MML): Moderate MR, moderate LAE, mild LVE, mild TR: 2.2ms. LA: 2.8, LV: 3.5.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets with minimal prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with moderate unchanged left atrial dilation. Normal MR velocity. Mild LV dilation with hyperdynamic function. The tricuspid valve appears normal with mild tricuspid regurgitation. Normal velocity. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. The pulmonic valve is normal in morphology and mobility. Normal pulmonic outflow velocities with laminar flow. No obvious pulmonic insufficiency. The aortic valve appears diffusely thickened, mildly elevated outflow velocity. Moderate AI. No pericardial or pleural effusion noted. No obvious cardiac masses.

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	5.1	2.5	1.7	1.9	54	86	0.3
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	96	1.5	0.63	9.1	3.0	3.7	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)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease persists with evidence of slight progression. Moderate MR and aortic insufficiency are unchanged; however, the left atrium is slightly increased comparatively. No additional issues are identified, and the pulmonary pressures are normal.

Given these findings, consider addition of an ACE-I at this juncture. This is based upon both the reported blood pressure and slight progression in left heart dimensions. Pimobendan should also



PATIENT

Ranger Lange

SPECIES

Canine

BREED

Skipperke

SEX

Male Neutered

AGE

11 years

WEIGHT

20lbs

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Fred Gromalak, DVM

HOSPITAL NAME

SVS Imaging

REFERRING VET

Dr. Miller

INVOICE

22380

DATE

2/6/22

be continued as was previously prescribed.

Continued assessment of progression in the future will help predict long term prognosis, which remains guarded at this stage (B2). Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

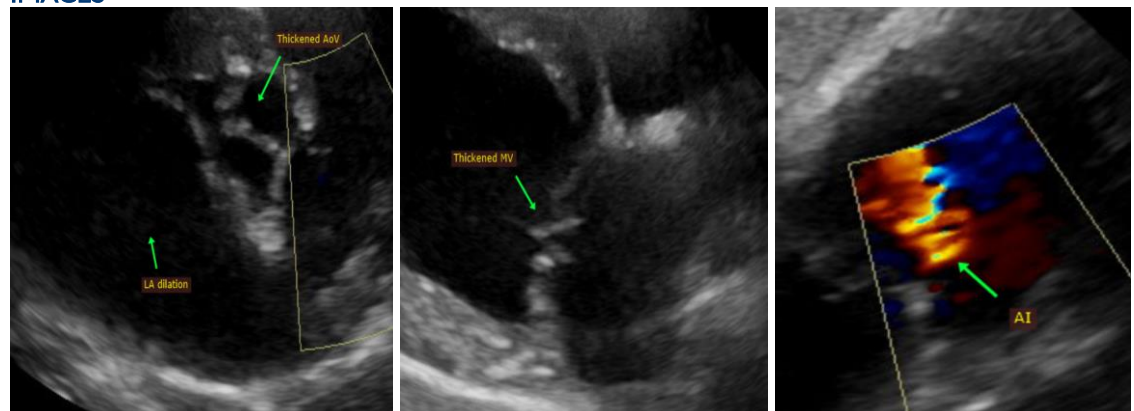
Recommend continued blood pressure monitoring every 6 months.

PLAN

Screening BP recommended every 6 months. Continue Pimobendan as prescribed. Consider institute ACE-I 0.5mg/kg PO q12h.

Recommend conservative monitoring 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