



PATIENT

Sparkle Kellogg

SPECIES

Canine

BREED

Silky Terrier

SEX

Female Spayed

AGE

14 years

WEIGHT

10.13lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Recheck echo. History advanced chronic valvular disease. Presently, Sparkle is doing well at home. She is eating well with a good activity level---goes for several walks a day. She has some occasional coughing bouts in the evening. Grade IV/VI systolic murmur. BP: 110mmHg x 5. Current medications: 1) Pimobendan/vetmedin 1.25mg 1.5 tab two times a day 2) Enalapril 2.5mg 1.5 tabs twice a day 3) Spironolactone 12.5mg 1 tab twice a day 4) Lasix/furosemide 20mg 1/2 tab three times a day 5) Diphenoxylate with atropine 2.5mg ---not currently giving *No sedation for study. -Pertinent previous echo findings (8/30/22 Nancy Morris, DVM, DACVIM-Cardiology): LA 2.73 cm; LA:Ao 1.80, LV 4.12 cm; moderate-severe LAE, severe LVE; 3+ MR; trace TR.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available. **Left ventricle:** Significant LV dilation with hyperdynamic myocardial function. **Left atrium:** The left atrium is severely dilated. **Mitral valve:** Diffuse nodular thickening of mitral valve leaflets with prolapse into the left atrial lumen. Lack of coaptation in systole. Severe eccentric mitral regurgitation. Decreased velocity. **Aortic valve/Aorta:** The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency. **Right ventricle:** Mild RV dilation. **Right atrium:** Mild right atrial dilation. **Tricuspid valve:** The tricuspid valve appears thickened, with trace tricuspid regurgitation. Mildly elevated velocity consistent with mild to moderate pulmonary hypertension. **Pulmonic valve/Pulmonary artery:** The pulmonic valve is normal in morphology and mobility. The MPA appears mildly dilated. Normal pulmonic outflow velocities with laminar flow. No PI. **Pericardium/other:** No pericardial or pleural effusion noted. No obvious cardiac masses. **Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 130bpm.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

28819

DATE

2/7/23

2-Dimensional Measurements

Ao diam (cm)	1.4
LA diam (cm)	3.2
LA:Ao (Swe)	2.3
IVS thickness (cm)	0.5
LVID diastole (cm)	3.7
PW thickness (cm)	0.5
LVID systole (cm)	1.5
FS (%)	59

Doppler Measurements

PV Vmax (m/s)	0.97
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	4.5
TR Vmax (m/s)	3.4
TR PG (mmHg)	46

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing severe mitral and trace tricuspid regurgitation persists. Severe left atrial enlargement indicates the risk for spontaneous congestive heart failure is elevated. Mild to moderate pulmonary hypertension is noted, which is likely secondary to chronic LA pressure elevation. No additional issues are identified. Compared to what is available from the prior study, findings appear similar to mildly progressed with persistently severe disease.



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Given these findings, continued full cardiac supportive medications are warranted lifelong as prescribed. A dose adjustment in Enalapril is suggested due to reported hypotension. No obvious indication for additional medication adjustments in a patient that is doing well at home. It is worth noting this patient is considered end-stage with significant risk for recurrent complication. Patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

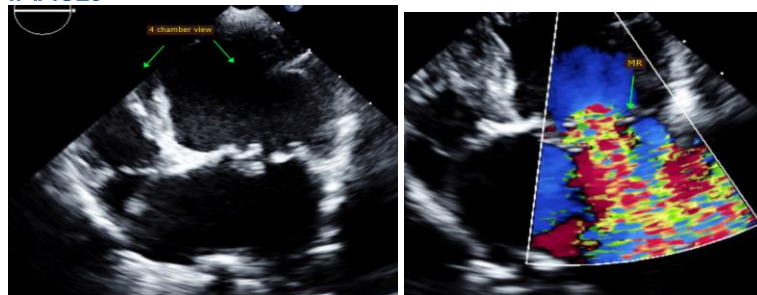
RECOMMENDATIONS

- Continue Lasix, Pimobendan and Spironolactone as prescribed.
- Decreased Enalapril to 2.5mg PO q12h due to relative hypotensive.
- Cough suppression to improve QOL can also be considered (hydrocodone, 0.2-0.4mg/kg up to q4-6h 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.

PLAN

- Monitor renal values and BP every 3-4 months lifelong.
- 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
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Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)