



PATIENT

Charlie Brown

SPECIES

Canine

BREED

CKCS

SEX

Male Neutered

AGE

8 years

WEIGHT

31.5lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage late B2. Current presentation: Charlie Brown has been doing well. Good appetite, normal activity, and no exercise intolerance. On auscultation: NSR, grade IV-V/VI murmur with PMI left apical area radiating to right with grade III/VI murmur noted on right, PSS, lung fields clear. BP: 140-160mmHg. -Current medications: 1) Pimobendan/vetmedin 3.75mg 2/3 tab twice a day 2) Enalapril 5mg 1 tab twice a day 3 Spironolactone 25mg 1/2 tab twice a day 4) Newvet vitamins daily *No sedation for study. -Pertinent previous echo findings (6/2021 MML): LA: 4.1, LA/AO: 2.0, LV: 4.7. Severe LAE, severe MR, trace TR.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: The LV diameter is increased with hyperdynamic function. LV wall thicknesses are decreased.

Left atrium: The left atrium is severely dilated.

Mitral valve: The mitral valve is diffusely thickened with significant prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with a normal velocity.

Aortic valve/Aorta: The aortic valve appears normal with normal outflow velocity; laminar flow. No aortic insufficiency.

Right ventricle: Normal right ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension.

Right atrium: Normal RA dimension.

Tricuspid valve: The tricuspid valve appears normal with trace tricuspid regurgitation.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

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.

2-Dimensional Measurements

Ao diam (cm)	1.9
LA diam (cm)	3.8
LA:Ao (Swe)	2.0
IVS thickness (cm)	0.8
LVID diastole (cm)	4.5
PW thickness (cm)	0.8
LVID systole (cm)	2.6
FS (%)	42

Doppler Measurements

PV Vmax (m/s)	0.7
AoV Vmax (m/s)	1.8
MR Vmax (m/s)	5.5
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

22858

DATE

3/1/22

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists, largely unchanged. Severe mitral and trace tricuspid regurgitation are similar to previous without significant progression in chamber dilation. No concurrent issues are identified.

Given these findings, continue medications as previously prescribed. No additional medications clearly warranted.

Continued assessment of progression in the future will help predict long term outcome, however prognosis remains guarded at this stage (late B2). Unfortunately, the patient will



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always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future. It is encouraging that this patient continues to do well through serial exams.

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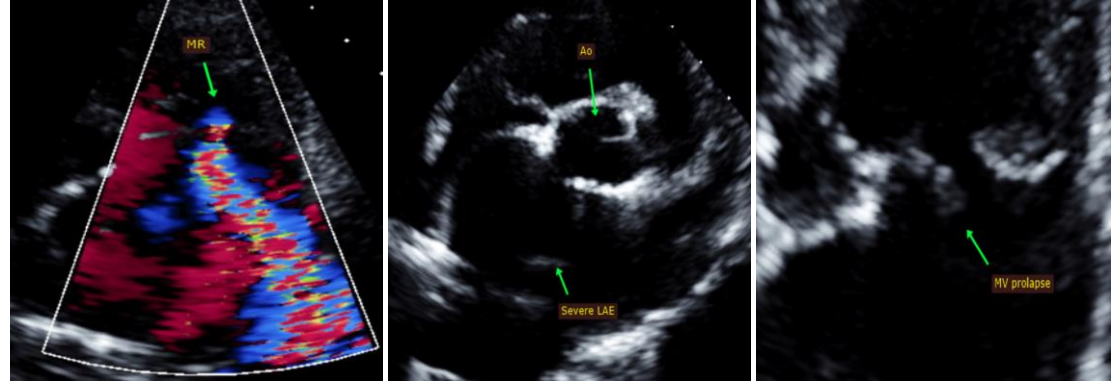
RECOMMENDATIONS

- Continue 3 medications as prescribed.
- Close monitoring for development of associated clinical signs (development of a cough, labored breathing, exercise intolerance or worsening collapse episodes) is recommended. Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF at home.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Mild activity restriction is advised.
- Elective anesthesia is not advised.

PLAN

- A renal panel is recommended 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)