



PATIENT

Rafa Dordonaro

SPECIES

Canine

BREED

CKCS

SEX

Male Neutered

AGE

8 years

WEIGHT

18.8lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - advanced. Current presentation: Rafa has been coughing. He is eating well. His activity remains normal outside, but he is a bit quieter in the house. The family is concerned that his eyes are bothering him---currently on tacrolimus for KCS. On auscultation: NSR, grade IV/VI murmur with PMI left apical area radiating to right, PSS, lung fields clear, no cough with tracheal pressure. BP: 140mmHg x 3.

-Current medications: 1) Pimobendan/vetmedin 7.5mg 1/3 tab twice a day 2) Lasix/furosemide 20mg 1/2 tab twice a day 3) Spironolactone 25mg 1/2 tab twice a day 4) Snip tips 5) Tacrolimus OU twice a day *No sedation.

-Pertinent previous echo findings (8/17/21 MML): LA 3.6 cm; LA:Ao 1.4; LV 4.4 cm; severe LAE; severe MR; mild TR (3.4 m/s; 47 mmHg); mild-moderate PAH.

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 prolapse into the left atrial lumen. Severe mitral regurgitation. Normal 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 thickened with minimal septal prolapse. Mild tricuspid regurgitation. Normal velocity.

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.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 140bpm.

2-Dimensional Measurements

Ao diam (cm)	1.5
LA diam (cm)	3.3
LA:Ao (Swe)	2.2
IVS thickness (cm)	0.7
LVID diastole (cm)	4.5
PW thickness (cm)	0.7
LVID systole (cm)	2.0
FS (%)	55

Doppler Measurements

PV Vmax (m/s)	0.64
AoV Vmax (m/s)	1.2
MR Vmax (m/s)	5.7
TR Vmax (m/s)	2.5
TR PG (mmHg)	25

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

22860

DATE

3/1/22

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with evidence of relative stability. While severe, the left heart dimensions are similar to the prior study. The pulmonary pressures have actually improved, likely due to institution of medications. No additional issues is identified.

Given these findings, continue all medications as previously recommended. A cough in this patient is likely due to cardiomegaly and Hydrocodone may be useful to improve quality of life. Screening chest radiographs are recommended with any change in symptom.



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Prognosis is guarded long-term. 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 period. Patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

SPECIES
Canine

RECOMMENDATIONS

- Continue Lasix, Spironolactone and Pimobendan as previously recommended. Furosemide 1mg/kg PO q12h.
- If tolerated, institute ACE-I 0.5mg/kg PO q12h.
- Consider Hydrocodone, CXR, etc. as discussed.
- 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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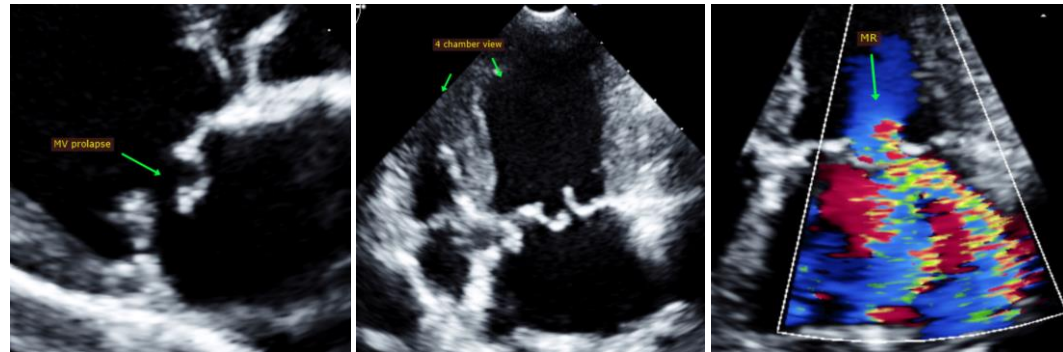
PLAN

- Monitor renal values and BP every 3-4 months lifelong.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

IMAGES

INTERPRETED BY

Maggie Machen Lamy, DVM
DACVIM (Cardiology)



IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

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. Masloski

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.

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Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)