

PATIENT

Hope Gaskill

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Female Spayed

AGE

9 years

WEIGHT

8.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

M. Swart, DVM

HOSPITAL NAME

Swart Veterinary
Imaging

REFERRING VET

Dr. Swart

INVOICE

29305

DATE

3/1/23

PRESENTING CLINICAL SIGNS

History: History of MMVD. Grade IV murmur, asymptomatic. Assess prior to anesthesia.
-Current medications: Pimobendan 1.25mg BID, Lasix 12.5mg SID. Also, on Trilostane SID and Tramadol as needed.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets (anterior>posterior) with mild prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with moderate left atrial dilation. Mildly increased LV diameter with hyperdynamic myocardial function. The tricuspid valve appears subjectively normal, with mild tricuspid regurgitation. Velocity is mildly elevated, consistent with early pulmonary hypertension. Normal right atrial and ventricular diameter. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities. No aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. No cardiac tumors observed.

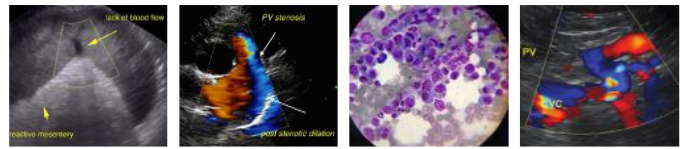
CARDIAC CHART

| 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 | NM | 2.9 | 1.68 | 1.8 | 47 | 90 | 0.12 |
| 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 | NM | 1.2 | 0.9 | 3.9 | 2.1 | 3.1 | 1.6 |
| *Normal chamber parameters expressed as a mean value (SD) | | | | | | | |
| BODY WEIGHT DEPENDENT PARAMETERS | | | | | | | |
| <i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i> | | | | | | | |
| | | | | 3 | 1.27 (5.3) | 2.46 (2.46) | 1.36 (5.5) |
| | | | | 5 | 1.40 (4.5) | 2.74 (5.2) | 1.60 (4.7) |
| | | | | 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 causing moderate mitral and mild tricuspid regurgitation. Moderate left atrial enlargement indicates there is relatively low risk for imminent complication, however risk for progression to spontaneous congestive heart failure in the future is elevated. Early pulmonary hypertension is noted, which is of unknown significance in a dog without respiratory disease. No additional issues are identified.

Given these findings, continue Pimobendan is indicated in this patient as below. No indication for Lasix prior to CHF and this **can be safely discontinued**. Pending BP assessment, an ACE-I may be



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reasonable as well; however, monitoring for hyperkalemia with trilostane is recommended. Assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).

SPECIES

Canine

Omega fatty acid supplementation and mild salt restriction may also be of some long term benefit. Monitor for development of a progressive cough, labored breathing, exercise intolerance or collapse episodes.

BREED

Chihuahua Mix

Anesthetic risk is considered mildly elevated. Cardiac protective drug choices (opioid/benzodiazepine premedication, Propofol or alfaxalone induction, iso or sevo gas) are recommended. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Judicious IV fluid rates are recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

SEX

Female Spayed

PLAN

Continue Pimobendan 0.25-0.3mg/kg PO q12h. Discontinue Lasix as discussed. Baseline BP recommended, if >130mmHg, institute ACE-I 0.5mg/kg PO q12h. Given concurrent trilostane use, monitor potassium levels following administration to screen for hyperkalemia.

AGE

9 years

Recommend monitor for progression with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

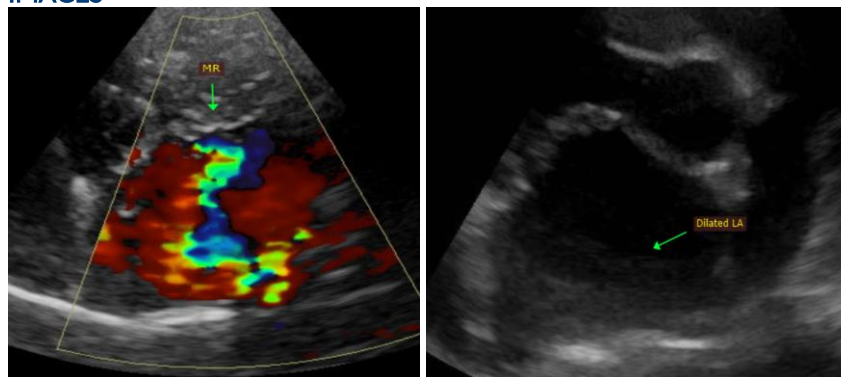
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IMAGES

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Maggie Machen Lamy,
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M. Swart, DVM

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.

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Dr. Swart

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.

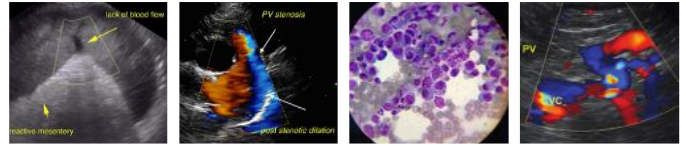
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Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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