



**PATIENT**

Fiona Salazar

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Female Spayed

**AGE**

11 years

**WEIGHT**

5.9lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Dana Alterman,  
RDCS, LVT

**HOSPITAL NAME**

Eubank Animal Clinic

**REFERRING VET**

Dr. Garb

**INVOICE**

29570

**DATE**

3/13/23

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. Grade 5/6 heart murmur. Mild hepatopathy, hypertension. Coughing has increased, + very mild crackles heard.

-Current medications: Vetmedin 0.625mg PO BID, Amlodipine 0.625mg PO BID, hydrocodone and rimadyl.

-Pertinent previous echo findings (2/2022 MML): Mild chronic degenerative valve disease progressed to moderate with LV 2.5 + LA 1.8. LA/Ao 1.75.

**ECHOCARDIOGRAM FINDINGS**

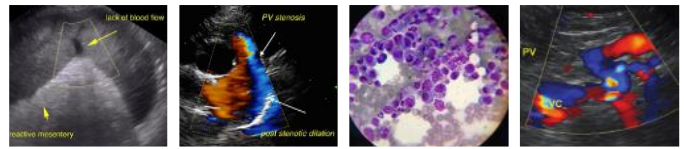
2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets with prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with moderate left atrial dilation. Borderline LV diameter with adequate myocardial function. The tricuspid valve appears normal with no obvious tricuspid regurgitation. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. No obvious aortic or pulmonic insufficiency. 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	5.2	NA	2.0	1.9	58	89	0.2
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	0.8	2.7	1.8	2.5	1.1
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
<b>BODY WEIGHT DEPENDENT PARAMETERS</b>				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 stability. Moderate mitral and mild tricuspid regurgitation are unchanged, without progressive left heart enlargement. Persistently 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. No additional issues are identified.



**PATIENT**

Fiona Salazar

A cough and crackles in this patient likely reflect primary airway disease, given a lack of progression seen here. That being said, baseline CXR are strongly recommended to rule out early congestion. Assuming the former is confirmed, further respiratory therapy may be warranted.

**SPECIES**

Canine

Reasonable to continue Pimobendan lifelong as prescribed with no obvious indication for additional medications. Continued assessment of progression is recommended, with a guarded prognosis (stage B2). Patient may be at risk for development of CHF, arrhythmias, and/or sudden death going forward.

**BREED**

Chihuahua

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.

**SEX**

Female Spayed

Anesthetic risk remains 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.

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**WEIGHT**

5.9lbs

**PLAN**

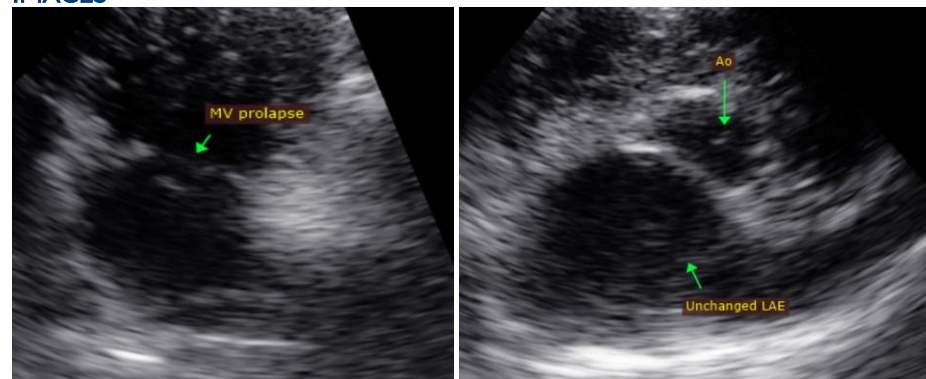
Continue Pimobendan 0.25-0.3mg/kg PO q12h. Baseline CXR is strongly recommended with further respiratory therapy if indicated. Baseline BP recommended every 6 months.

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

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Maggie Machen Lamy,  
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(Cardiology)

**IMAGES**



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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.

**INVOICE**

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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.

**DATE**

3/13/23

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