

**PATIENT**

Cali Prada

**PRESENTING CLINICAL SIGNS**

History: Progressive heart murmur, now grade III/VI systolic. Severe dental disease; echo prior to anesthesia for dental prophylaxis. BP: 170, 190mmHg.

**SPECIES**

Canine

**ECHOCARDIOGRAM FINDINGS**

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

**Left ventricle:** Mild LV dilation with hyperdynamic myocardial function. LV wall thicknesses are normal.

**BREED**

CKCS

**Left atrium:** The left atrium is moderately dilated.

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

**SEX**

Female Spayed

**Aortic valve/aorta:** The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Trivial aortic insufficiency.

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

**AGE**

9 years

**Right atrium:** Normal RA dimension.

**Tricuspid valve:** The tricuspid valve appears normal with mild to moderate tricuspid regurgitation; normal velocity.

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

**WEIGHT**

19.4lbs

**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.

**INTERPRETED BY**

Maggie Machen  
 Lamy, DVM  
 DACVIM (Cardiology)

**2-Dimensional Measurements**

Ao diam (cm)	1.6
LA diam (cm)	2.9
LA:Ao (Swe)	1.9
IVS thickness (cm)	0.75
LVID diastole (cm)	3.6
PW thickness (cm)	0.7
LVID systole (cm)	1.5
FS (%)	59

**Doppler Measurements**

PV Vmax (m/s)	0.62
AoV Vmax (m/s)	1.1
MR Vmax (m/s)	5.5
TR Vmax (m/s)	2.4
TR PG (mmHg)	23

**IMAGING**

**PERFORMED BY**

Jennifer Migner,  
 RDCS

**INTERPRETATION OF THE FINDINGS**

Chronic degenerative valve disease causing severe mitral and mild to moderate 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. No additional issues are identified.

**HOSPITAL NAME**

Firehouse Veterinary  
 Clinic

**REFERRING VET**

Dr. Fleming

Given LA dilation, Pimobendan is recommended as below. Additionally, given a reportedly elevated blood pressure in hospital, an ACE-I is also warranted. Assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).

**INVOICE**

23088

**DATE**

3/14/22



**PATIENT**

Cali Prada

**SPECIES**

Canine

**BREED**

CKCS

**SEX**

Female Spayed

**AGE**

9 years

**WEIGHT**

19.4lbs

**INTERPRETED BY**

Maggie Machen  
 Lamy, DVM  
 DACVIM (Cardiology)

**IMAGING PERFORMED BY**

Jennifer Migner,  
 RDCS

**HOSPITAL NAME**

Firehouse Veterinary  
 Clinic

**REFERRING VET**

Dr. Fleming

**INVOICE**

23088

**DATE**

3/14/22

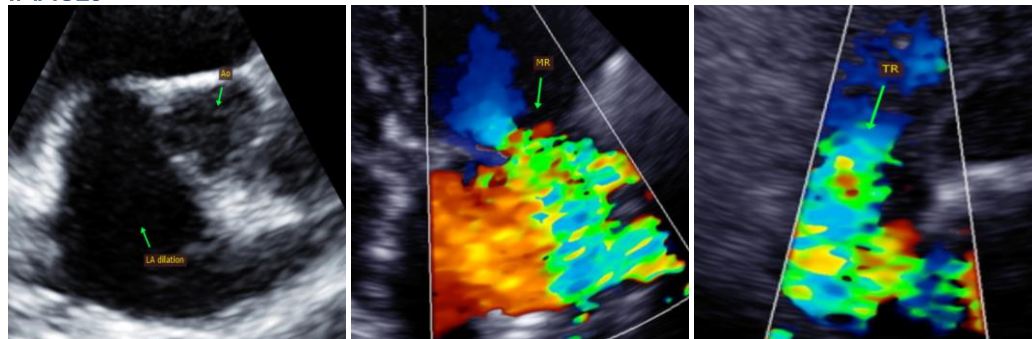
**RECOMMENDATIONS**

- Institute heart muscle support Pimobendan 0.3mg/kg PO q12h.
- Institute ACE-I 0.5mg/kg PO q12h.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Once on Pimobendan for 3-5 days, anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

**PLAN**

- 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  
 Diplomate of the American College of Veterinary Internal Medicine (Cardiology)  
 info@sonopath.com