


PATIENT

Toga Tobin

SPECIES

Canine

BREED

Border Collie Mix

SEX

Male Neutered

AGE

13 years

WEIGHT

28.6lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

 Animal General on
 Hudson

REFERRING VET

Dr. Ng

INVOICE

23134

DATE

3/16/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History of elevated liver enzymes and weight loss.

-Current medications: Lasix 15.6mgs BID (recently increased from 12.5mgs last week), Just started sildenafil, Vetmedin 5mgs BID, Spironolactone 25mgs BID (owner increased from SID to BID last week), gabapentin, and galliprant.

-Abnormal PE/Chem/CBC/UA Results: ALT 128, ALP 505, GGT 15.

-Pertinent previous echo findings (11/2021 MML): Severe MR, severe LA/LVE, moderate TR, moderate PAH: 4.0m/s. LA: 4.3, LV: 4.4.

ECHOCARDIOGRAM FINDINGS

2D, m-mode and Doppler imaging are available. Diffuse thickening of mitral valve leaflets (anterior > posterior) with no prolapse into the left atrial lumen. Lack of coaptation in systole. Severe eccentric mitral regurgitation with marked left atrial dilation. Significant LV dilation with hyperdynamic myocardial function. The tricuspid valve appears mildly thickened with moderate to severe tricuspid regurgitation. Velocity consistent with moderate pulmonary hypertension. Right heart enlargement. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities. No pulmonic or aortic insufficiency. No pericardial or pleural effusion noted. Ascites seen on sub-costal views. 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	5.4	4.4	2.2	>3.0	46	77	NM
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	123	1.5	0.8	13.0	5.0	4.7	2.6
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
BODY WEIGHT DEPENDENT PARAMETERS				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 continued evidence of progression. The left heart enlargement is marked, and the pulmonary pressures continue to increase. Ascites is noted, supporting right-sided congestive heart failure as the cause of liver abnormalities.



PATIENT

Toga Tobin

Given right-sided congestion, full cardiac support is recommended as below. The history mentions only Lasix was being utilized at a low dose and this likely explains development of congestive signs. See dose recommendations below with utilization of consistent dosing of the utmost importance going forward. Abdominocentesis should be performed if and when the patient is uncomfortable or inappetent.

SPECIES

Canine

Long term prognosis remains poor, with most dogs able to be managed on medications with a good QOL for an average of 8-12 months after the diagnosis of CHF. Patient will always be at risk for recurrent CHF, LA tear, development of malignant arrhythmias/sudden death going forward.

BREED

Border Collie Mix

SEX

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Elective anesthesia is not advised.

AGE

13 years

Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes. Monitoring of sleeping breathing rates is the best way to assess for recurrent CHF in the future.

WEIGHT

28.6lbs

Recheck renal values, fluid status and blood pressure in 1-2 weeks then every 3-4 months lifelong. If doing well and BP >130mmHg, institute ACEI 0.5mg/kg PO q12h.

INTERPRETED BY

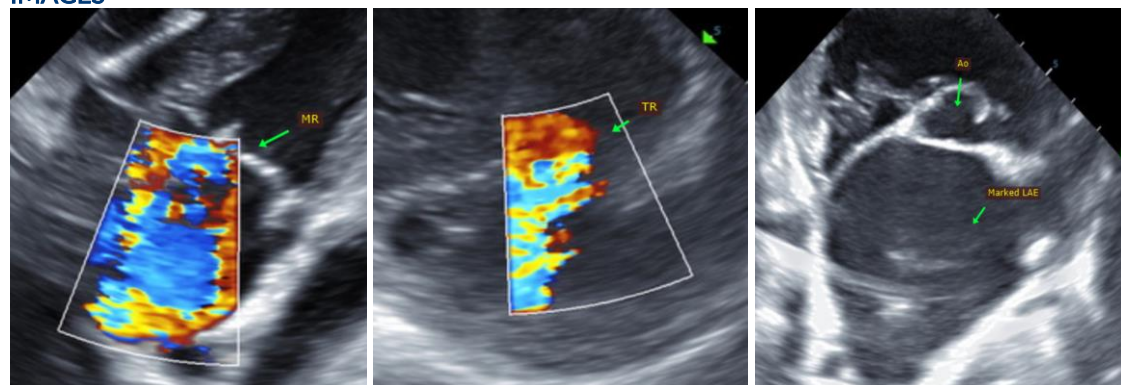
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(Cardiology)

Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

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IMAGES



HOSPITAL NAME

Animal General on
Hudson

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. Ng

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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

3/16/22

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