


PATIENT

Captain Landini

PRESENTING CLINICAL SIGNS

History: Heartworm positive 12/14/20. Confirmed HW negative with antigen test on Jan 4th, 2021. Now is coughing and radiographs show R sided heart enlargement. Furosemide trial was successful at significantly reducing coughing.
 -Current medications: Furosemide 40mg BID.

SPECIES

Canine

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with no prolapse into the left atrial lumen. Trace/mild mitral regurgitation with no left atrial dilation. Normal LV diameter with borderline myocardial function. The tricuspid valve appears normal with no tricuspid regurgitation. The right heart is prominent in some views, although not consistent. The MPA appears normal. 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.

BREED

Lab Mix

SEX

Male Neutered

AGE

3 years

CARDIAC CHART
WEIGHT

52.9lbs

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	NA	1.2	1.2	30	54	0.4
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	1.3	0.9	24.0	2.0	4.6	3.2
*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)

INTERPRETED BY

 Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

Buck Animal Hospital

REFERRING VET

Dr. Gilmer

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease causing trace/mild mitral regurgitation. Lack of significant left atrial enlargement indicates the current risk for complication is low. The right heart is prominent in some views, although this is inconsistent and is likely a normal variant. Follow up is advised given the history of heartworm disease. The MPA and branches are unremarkable with no obvious significant damage from the prior heartworm infestation. Finally, the systolic function is borderline for this signalment. A diet history is recommended with avoidance of non-traditional options lifelong.

INVOICE

23162

DATE

3/17/22



PATIENT

Captain Landini

SPECIES

Canine

BREED

Lab Mix

SEX

Male Neutered

AGE

3 years

WEIGHT

52.9lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kelly Reschny, RVT

HOSPITAL NAME

Buck Animal Hospital

REFERRING VET

Dr. Gilmer

INVOICE

23162

DATE

3/17/22

Given these findings, the cough is unlikely to be due to pulmonary hypertension or congestive heart failure. More likely there has been damage to the pulmonary tissue from the prior HW infestation, and periodic flail-ups should be expected lifelong. Respiratory therapy such as Hydrocodone, anti-inflammatory steroids, etc. may be useful for flair-ups going forward. No indication for Lasix in this patient and this can be safely discontinued.

In a dog with no significant left atrial enlargement, no cardiac medications are clearly indicated. Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage. Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

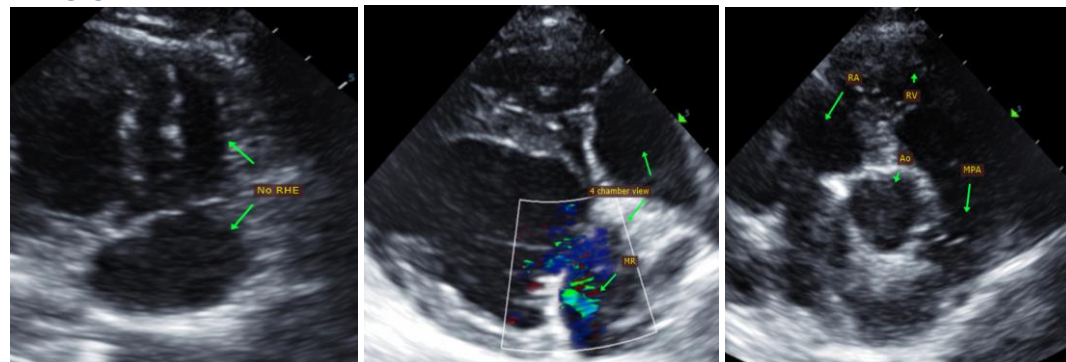
Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively 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.

PLAN

Discontinue Lasix as discussed. Consider primary respiratory therapy.

Recommend conservative monitoring with a recheck echocardiogram in 1 year to screen for progression, sooner if any clinical signs arise

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