



**PATIENT**

Oliver Kosciolk

**SPECIES**

Canine

**BREED**

Cairn Terrier

**SEX**

Male Neutered

**AGE**

14 years

**WEIGHT**

31lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Amy Mayhew, LVT

**HOSPITAL NAME**

SVS Imaging MI

**REFERRING VET**

Dr. Schrier

**INVOICE**

29710

**DATE**

3/20/23

**PRESENTING CLINICAL SIGNS**

History: Grade 4/6 heart murmur. Had an echo done elsewhere in September showed moderate mitral valve regurgitation and mild to moderate left atrial enlargement, as well as mild left ventricular hypertrophy. BP: 171, 137mmHg. Patient is stressed and panting. His respiratory rate is very increased (close mouthed panting), and his breaths have an abdominal component to them as well. MM are pink and CRT is less than 1 second.

-Current medications: Pimobendan 5mg bid.

-Abnormal PE/Chem/CBC/UA Results: Ongoing moderate elevations in liver values (Oliver had an abdominal US and liver aspirates done with you in November; suspected age related hepatopathy). Addendum 3/20/23:

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets (anterior>posterior) with minimal prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with moderate left atrial dilation. Normal MR velocity. Mildly increased LV diameter with hyperdynamic myocardial function. The tricuspid valve appears subjectively normal, with no tricuspid regurgitation. 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	5.1	NA	NM	1.8	55	86	0.1
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	140	0.96	0.8	14.1	3.4	3.9	1.8
*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 causing moderate mitral regurgitation persists. Moderate left atrial enlargement indicates there is relatively low risk for imminent complication, however risk

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for progression to spontaneous congestive heart failure in the future is elevated. No additional issues are identified. Compared to what is available from the prior study, this likely reflects stability.

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Given these findings, continue Pimobendan is indicated in this patient as below. Assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).

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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**

Male Neutered

The reported blood pressures are too variable to interpret. Ideally obtain serial measurements in a controlled, low stress environment and continue until the readings plateau within 5mmHg of variability for 3+ readings.

**AGE**

14 years

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.

**WEIGHT**

31lbs

**PLAN**

Reassess BP as discussed. Continue Pimobendan 0.25-0.3mg/kg PO q12h.

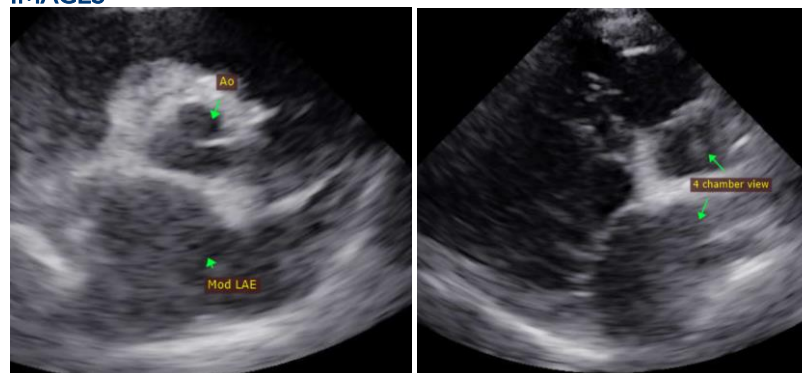
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Recommend monitor for progression with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

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The information and recommendations provided are based on the images presented by the referring

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veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

**BREED**

Cairn Terrier

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

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