



PATIENT

Mica Klinkowski

SPECIES

Canine

BREED

Cavalier

SEX

Male Neutered

AGE

14 years

WEIGHT

20.6lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

29735

DATE

3/21/23

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage D. Presently, Mica continues to eat well but is slowing down a bit. He started having urinary accidents in the house, which is new. He continues to be PU/PD. Has only an occasional cough. Comes in for abdominocentesis ~every three weeks - approx. 200-400mls removed each time. On exam today: NSR, grade IV-V/VI murmur with PMI left apical area with grade III/VI murmur noted on right, PSS, lung fields clear, mm pink, moist, CRT<2. BP: 120 mmHg x 5. Current medications: 1) Pimobendan 7.5mg 1/2 tab twice a day 2) Enalapril 5mg 1 tab twice a day 3) Snip tips 4) Torsemide 10mg/ml 0.2mls once a day 5) Spironolactone 25mg/ml 0.25mls twice a day 6) Fortiflora daily 7) Diphenoxylate with atropine 2.5mg 1.5 tabs twice a day 8) Sildenafil 50mg/ml 0.2mls twice a day 9) Amlodipine 10mg/ml 0.25mls daily 10) Gabapentin 400mg/ml 0.25mls twice a day ---not giving *No sedation for study. -Pertinent previous echo findings (10/18/22 MML): LA 3.9 cm; LA:Ao 2.3; LV 4.1 cm; severe LV/LA dilation; marked MR, moderate RV/RA dilation, mild-moderate TR (4.2 m/s; 70 mmHg), moderate pulmonary hypertension.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available. **Left ventricle:** Significant LV dilation with hyperdynamic myocardial function. **Left atrium:** The left atrium is severely dilated. **Mitral valve:** Diffuse thickening of mitral valve leaflets with prolapse into the left atrial lumen. Marked eccentric mitral regurgitation. Decreased velocity. **Aortic valve/Aorta:** The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. Mild aortic insufficiency. **Right ventricle:** Moderate RV dilation. Subtle septal flattening in systole. **Right atrium:** Moderate right atrial dilation. **Tricuspid valve:** The tricuspid valve appears thickened, with moderate tricuspid regurgitation. Velocity consistent with at least moderate pulmonary hypertension. **Pulmonic valve/Pulmonary artery:** The pulmonic valve is normal in morphology and mobility. The MPA appears mildly dilated. Normal pulmonic outflow velocities with laminar flow. No PI. **Pericardium/other:** Scant pericardial and no pleural effusion noted. Ascites seen on subcostal views. No obvious cardiac masses. **Heart rhythm:** ECG reveals a sinus rhythm with an average HR of 120bpm.

2-Dimensional Measurements

Ao diam (cm)	1.6
LA diam (cm)	4.2
LA:Ao (Swe)	2.6
IVS thickness (cm)	0.7
LVID diastole (cm)	4.5
PW thickness (cm)	0.7
LVID systole (cm)	2.2
FS (%)	51

Doppler Measurements

PV Vmax (m/s)	0.52
AoV Vmax (m/s)	0.6
MR Vmax (m/s)	4.1
TR Vmax (m/s)	4.3
TR PG (mmHg)	75

INTERPRETATION OF THE FINDINGS

Compared to the prior study, there is relative stability. The left heart is slightly increased; however, the pulmonary pressures are stable and the remainder of the study unchanged. The aortic insufficiency is mild, and no additional issues are identified.



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Given the frequency of abdominocentesis, consider medication adjustments as below. Renal values should be considered and if possible a slight adjustment in Torsemide may also be beneficial. Our goal is to try to space out the taps to every 6-8 weeks as able. If quality of life suffers, euthanasia should be elected in this case. Patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

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RECOMMENDATIONS

- If renal values will allow, increase Torsemide to 0.4mls PO q12h.
- Increase Pimobendan to TID dosing.
- Continue Enalapril as prescribed.
- Increase Spironolactone to 0.5mls PO q12h.
- Increase Sildenafil to TID dosing.
- Continue Amlodipine as prescribed.
- Cough suppression to improve QOL can also be considered (hydrocodone, 0.2-0.4mg/kg up to q4-6h PRN) for any residual mechanical cough in the face of normal sleeping respiratory rates.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.
- Monitoring of sleeping respiratory rates will be paramount to screen for congestive heart failure at home.
- Elective anesthesia is not advised.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

PLAN

- Reassess renal values and BP every 3-4 months lifelong.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

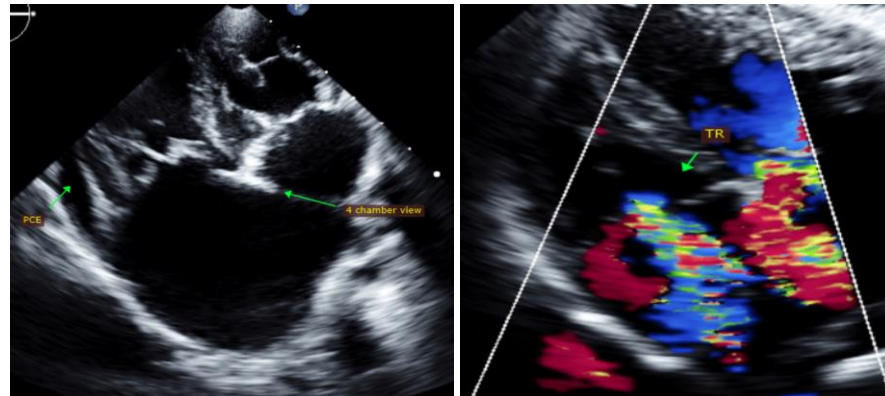
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

BREED

Cavalier

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

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Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)

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