



PATIENT

Zack Degiovanni

SPECIES

Canine

BREED

Yorkipoo

SEX

Male Neutered

AGE

11 years

WEIGHT

20lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Animal General on
Hudson

REFERRING VET

Dr. Dima

INVOICE

29786

DATE

3/22/23

PRESENTING CLINICAL SIGNS

History: Patient with history of Cushing's presents for echo and abdominal ultrasound following a previous event of collapse with severe abdominal effort breathing. Blood pressure 155, 160, 160mmHg.

-Current medications: Vetoryl 10mgs 1 cap BID, Lasix 20mgs 1 tab BID, Vetmedin 5mgs 1/2-tab BID, Enalapril 10mgs 1/2 SID.

-Abnormal PE/Chem/CBC/UA Results: Low RBCs, HCT 36.6%, Alk. Phos. 855.

ECHOCARDIOGRAM FINDINGS

2D, m-mode and color flow imaging is available. The mitral valve is diffusely thickened (ant>>post) with significant prolapse into the left atrial lumen. A ruptured chordae tendineae is visualized with a flail anterior leaflet. There is severe eccentric mitral regurgitation present. There is severe left atrial enlargement. There is moderate left ventricular dilation. Left ventricular systolic function is adequate. There is normal systolic flow velocity across the aortic valve. The aortic valve appears trileaflet with normal mobility. No AI. The main pulmonary artery is normal. Normal systolic flow across the pulmonic valve. No PI. Mild right atrial and right ventricular dilation. The tricuspid valve is mildly thickened with mild tricuspid regurgitation. No pericardial/pleural effusion or cardiac masses are seen.

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	5.8	2.7	2.1	2.2	47	90	0.5
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	1.5	1.0	9.0	3.3	4.5	2.4
*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

The cause of the murmur is chronic degenerative valve disease causing severe mitral and mild tricuspid regurgitation. Significant left atrial enlargement confers an elevated risk for spontaneous congestive heart failure. The finding of a ruptured chordae tendineae dramatically raises this risk, and likely explains reported recent acute collapse episodes and decompensation into CHF. Lifelong cardiac supportive medications are indicated as below, with the recommendation of hospitalization and O2 support until stabilized.



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Long term prognosis is guarded to poor, however most patients are able to do well on medications for some time (average 8-12 months) once in CHF. Patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future. Monitoring of sleeping breathing rates is recommended as the best way to screen for recurrent CHF at home.

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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 worsening cough, labored breathing, exercise intolerance or collapse episodes.

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PLAN

Consider O2 therapy and injectable Lasix until stabilized. Discharge on the following: Administer Lasix 1-2mg/kg PO q12h. Administer Pimobendan 0.3mg/kg PO q12h. Administer Spironolactone 1-2mg/kg PO q12h.

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A renal panel/BP are recommended in 10-14 days following the above medication changes, then every 3-4 months lifelong on diuretics. If BP >130mmHg and patient is doing well, institute ACE-I 0.5mg/kg PO q12h.

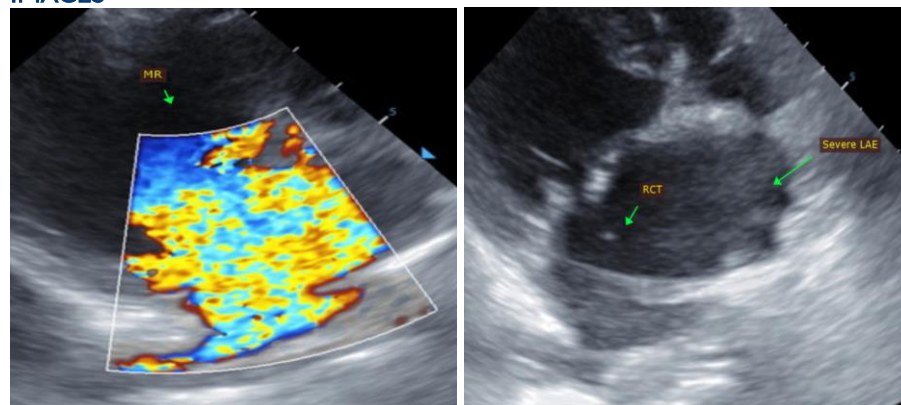
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A recheck echocardiogram is recommended in 6 months to screen for progression, sooner if clinical signs arise.

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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.

REFERRING VET

Dr. Dima

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.

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