



PATIENT

Dante Whalen

SPECIES

Canine

BREED

Chihuahua

SEX

Male Neutered

AGE

11 years

WEIGHT

6lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING

PERFORMED BY

Eduardo Rodriguez
III, RCS

HOSPITAL NAME

Compassionate Care
Veterinary Clinic

REFERRING VET

Dr. Farrington

INVOICE

29827

DATE

3/24/23

PRESENTING CLINICAL SIGNS

History: Presented 2/9 with increased coughing and decreased energy. History of tracheal cough treated with hydrocodone, but not currently on medications. Radiographs showed mild hilar edema and increased air bronchograms. Treated with 3 mg/kg furosemide IM, and discharged on 1 mg/kg furosemide every 8-12 hours. Family reports cough improved when on TID Lasix. Follow up kidney values on 2/17 were normal, and lung sounds, energy and heart rate improved. Added Pimobendan 0.25mg/kg BID and recommended continue Lasix 1mg/kg q8-12h until consult. Grade III/VI heart murmur. Current meds: 1) Furosemide 12.5mg 1/4 PO q8-12h, 2) Pimobendan 1.25mg 1/2 PO BID. Radiographs: Left atrial enlargement, mild perihilar edema, VHS 11.1, no tracheal collapse. BP: 132, 138, 141mmHg.

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. Severe eccentric mitral regurgitation with a normal velocity.

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Normal aortic outflow velocity; laminar flow. No aortic insufficiency.

Right ventricle: Mild RV dilation.

Right atrium: Mild right atrial dilation.

Tricuspid valve: The tricuspid valve appears thickened, with moderate tricuspid regurgitation. Normal velocity.

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: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 130bpm.

2-Dimensional Measurements

Ao diam (cm)	0.9
LA diam (cm)	2.4
LA:Ao (Swe)	2.5
IVS thickness (cm)	0.5
LVID diastole (cm)	3.0
PW thickness (cm)	0.5
LVID systole (cm)	1.2
FS (%)	61

Doppler Measurements

PV Vmax (m/s)	0.64
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	5.3
TR Vmax (m/s)	2.6
TR PG (mmHg)	27

INTERPRETATION OF THE FINDINGS

The cause of the murmur is chronic degenerative valve disease causing severe mitral and moderate tricuspid regurgitation. Severe left atrial enlargement indicates the risk for spontaneous congestive heart failure is elevated. No additional issues are identified.

In light of the clinical signs, chest radiographs and severity of disease on echocardiogram, the diagnosis is congestive heart failure and continued medications are warranted lifelong as below. The decision to use Lasix BID versus TID should be based upon how the patient has responded, as some animals will benefit from TID dosing.

The average survival time of canine patients with active pulmonary edema is 8-9 months on medications, however they generally are able to maintain a good quality of life for that



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period. 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

- Continue Lasix 1-2mg/kg PO q8h if needed, otherwise wean to q8h.
- Institute Spironolactone 1-2 mg/kg PO q 12h.
- Continue Pimobendan 0.25-0.3 mg/kg PO q12h.
- Institute ACE-I 0.5mg/kg PO q12h.
- 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.

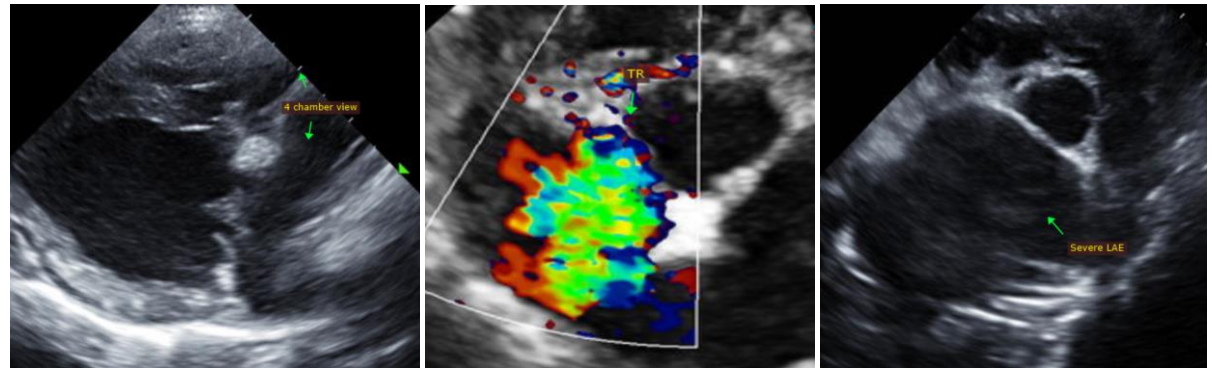
PLAN

- Monitor renal values and BP in 1-2 weeks, then every 3-4 months lifelong.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

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Maggie Machen Lamy, DVM
 DACVIM (Cardiology)

IMAGES



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Eduardo Rodriguez III, RCS

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Compassionate Care Veterinary Clinic

REFERRING VET

Dr. Farrington

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.

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