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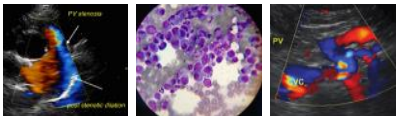

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PATIENT
Dexter Sullivan

SPECIES
Canine

BREED
Chihuahua

SEX
Male Neutered

AGE
7.4.09

WEIGHT
12.8lbs

INTERPRETED BY
Maggie Machen Lamy, DVM, DACVIM (Cardiology)

HOSPITAL NAME
Banfield Timonium

REFERRING VET
Dr. Kameka

INVOICE
29921

DATE
3.29.23

PRESENTING CLINICAL SIGNS

History: Recheck echo.
-Current medications: None listed.
-Sedation used: Not required to complete full diagnostic ultrasound.
-Pertinent previous ultrasound results (8/2022 MML): Severe MR, severe LAE, mild LVE, mild TR, moderate PAH, mild RHE, mild AI. LAL 2.6, LV; 3.1, TR: 3.8.
-STAT: Not requested
-Imaging performed by: Stephanie Warga RDCS, RVT.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets with mild prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with severe left atrial dilation. Mild LV dilation with hyperdynamic myocardial function. The tricuspid valve appears mildly thickened with mild tricuspid regurgitation. Velocity consistent with moderate pulmonary hypertension. Right heart is mildly enlarged. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities. Mild aortic and no pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious 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	6.8	3.8	NM	2.1	46	79	NM

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	150	1.4	1.3	5.8	2.5	2.8	1.5
*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)
**Note: All measurements based upon multi-modal images and methods. An average value is reported.*				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)
Adapted from June Boon, Veterinary Echocardiography, 1998				25	2.18 (2.4)	4.48 (2.9)	3.10 (2.5)
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435				30	2.33 (3.3)	4.83 (3.9)	3.39 (3.4)
Hansson et al, Vet Rad and Ultrasound 2002				35	2.48 (4.3)	5.17 (5.0)	3.69 (4.5)
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995				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 persists with continued stability. No change to the left heart dimensions are appreciated and pulmonary hypertension is similar to previous. The aortic leak remains hemodynamically insignificant; however, routine blood pressure monitoring is advised. No additional issues are noted.

Given these findings, continue 2 medications as previously recommended. No additional medications are warranted at this time. Treatment for PAH is not clearly warranted in the absence of exertional syncope or collapse and simple follow up is advised. Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF at home.

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. Long term prognosis is guarded with risk for development to CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

Elective anesthesia is not advised, as there is high risk for complication.

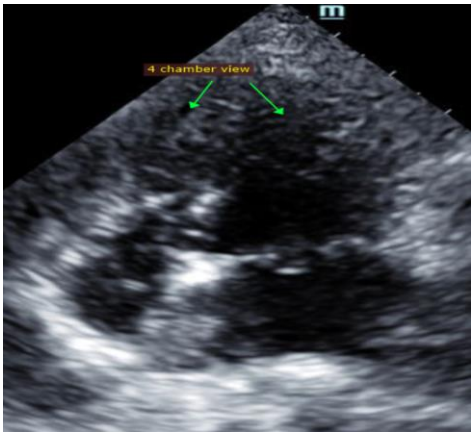
PLAN

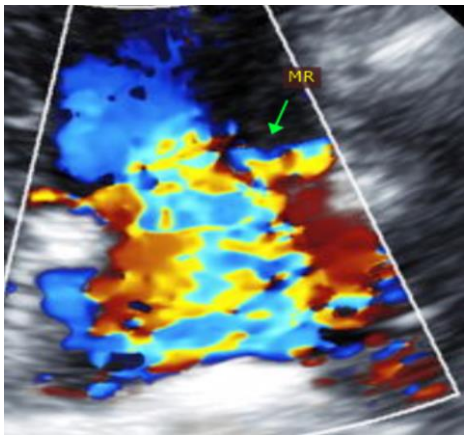
Continue Pimobendan and Spironolactone as prescribed. Monitor BP every 6 months. Monitor for exertional syncope or collapse.

Monitor renal panel and BP every 3-4 months lifelong.

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

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