



PATIENT

Mason Panciocco

SPECIES

Canine

BREED

Shih Tzu

SEX

Male Intact

AGE

11 years

WEIGHT

15.9lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Norfolk County
Veterinary Service

REFERRING VET

Dr. Richards

INVOICE

22921

DATE

3/3/22

PRESENTING CLINICAL SIGNS

History: History chronic valvular disease with ruptured chordae and CHF. Previous echo records not available. Doing well clinically; no coughing or labored breathing. Good appetite and energy.

-Current medications: Lasix 15mg BID; Pimobendan 3.75mg/ml - 0.5 ml BID; Amlodipine 1.25mg SID. *Sedated with torb/alfaxan.

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: Marked thickening of anterior mitral valve leaflet with prolapse into the left atrial lumen. Flail leaflet with a ruptured chordae tendineae. 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 septal prolapse and moderate tricuspid regurgitation. Velocity consistent with early 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: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 160bpm.

2-Dimensional Measurements

Ao diam (cm)	1.4
LA diam (cm)	3.1
LA:Ao (Swe)	2.2
IVS thickness (cm)	0.6
LVID diastole (cm)	2.9
PW thickness (cm)	0.6
LVID systole (cm)	0.8
FS (%)	73

Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	NM
MR Vmax (m/s)	5.4
TR Vmax (m/s)	2.9
TR PG (mmHg)	34

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with severe mitral and moderate tricuspid regurgitation. Severe left atrial enlargement indicates the risk for spontaneous congestive heart failure is elevated. The previously noted ruptured chord is seen, supporting the previous diagnosis. Early pulmonary hypertension is identified which is not surprising given the severity of disease. No additional issues are identified.

Given these findings, continued medications are warranted lifelong as below including addition of Spironolactone. A baseline blood pressure is recommended with use of an ACE-I if BP is >130mmHg.

It is encouraging that the patient is doing well at this time; however, prognosis is poor long-term. The average survival time of canine patients with active pulmonary edema is 8-



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9 months on medications, however they generally are able to maintain a good quality of life for that 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 and Pimobendan as prescribed.
- Baseline BP with institution of an ACE- 0.5mg/kg PO q12h, if >130mmHg.
- Institute Spironolactone 1-2 mg/kg PO q 12h.
- Consider cough suppression if needed for quality of life (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.

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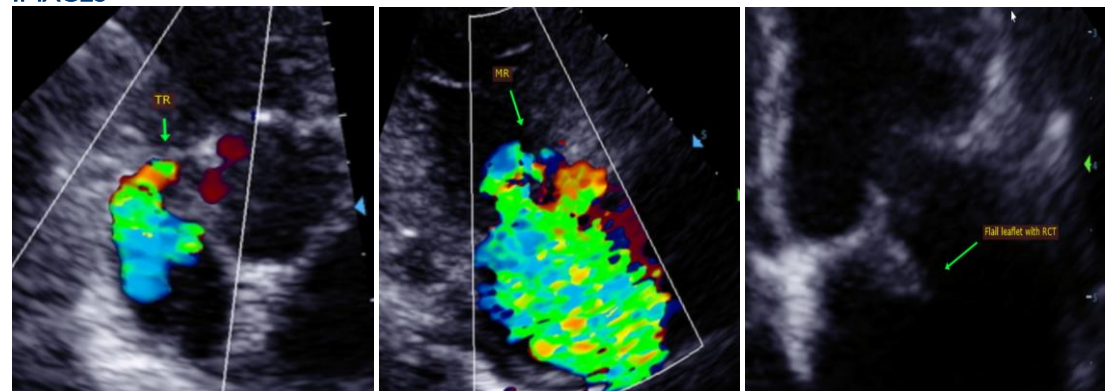
PLAN

- Monitor renal values and BP in 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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IMAGES



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REFERRING VET

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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.

DATE

3/3/22

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