



PATIENT

Angie Pacillo

SPECIES

Canine

BREED

Cavalier

SEX

Female Spayed

AGE

10 years

WEIGHT

26lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

PRESENTING CLINICAL SIGNS

History: Patient presented to establish care for dental work. Has history of Grade III/VI heart murmur. Borderline anemic with low albumin and high globulin. UA was normal but hemocult came up positive. Started patient on Clavamox in preparation of dental, but also started Sucralfate and Drontal on 3/27/2023. Recommended echo for heart murmur prior to anesthesia. On Clavamox 250 mg- 1 tab PO q12hrs. Gabapentin 100mg- 1 cap PO q8-12hrs. Drontal plus - give 1 tab PO.

-Abnormal PE/Chem/CBC/UA Results: Hemoglobin 12.2, Hematocrit 38.3, Albumin 2.3, Globulin 4.8, T4 1.0.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: The LV diameter is borderline increased with hyperdynamic myocardial function. LV wall thicknesses are normal.

Left atrium: The left atrium is moderately dilated. The pulmonary veins appear dilated as they enter the lumen.

Mitral valve: The mitral valve is thickened with a flail anterior leaflet. Ruptured chordae tendineae visualized (see below). Moderate to severe anterior-directed 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 right ventricular enlargement.

Right atrium: Mild RA enlargement.

Tricuspid valve: The tricuspid valve is mildly thickened with septal prolapse and moderate tricuspid regurgitation. Normal velocity.

Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 90bpm.

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Wood River Animal
Hospital

REFERRING VET

Dr. Plunkett

INVOICE

29564

DATE

3/31/23

2-Dimensional Measurements

Ao diam (cm)	1.8
LA diam (cm)	3.1
LA:Ao (Swe)	1.7
IVS thickness (cm)	0.9
LVID diastole (cm)	4.1
PW thickness (cm)	0.8
LVID systole (cm)	2.6
FS (%)	37

Doppler Measurements

PV Vmax (m/s)	0.6
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	5.2
TR Vmax (m/s)	2.2
TR PG (mmHg)	20

INTERPRETATION OF THE FINDINGS

The cause of the murmur is chronic degenerative valve disease causing moderate to severe mitral and moderate regurgitation. While moderate left atrial enlargement typically indicates a low risk for imminent complication, the finding of a ruptured chord and flail leaflet dramatically raises this risk. No concurrent issues such as systolic dysfunction or PAH are noted in this study.



PATIENT

Angie Pacillo

SPECIES

Canine

BREED

Cavalier

SEX

Female Spayed

AGE

10 years

WEIGHT

26lbs

INTERPRETED BY

Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
 RDCS

HOSPITAL NAME

Wood River Animal
 Hospital

REFERRING VET

Dr. Plunkett

INVOICE

29564

DATE

3/31/23

The finding of a ruptured chord is uncommon without reported clinical signs, such as syncope or CHF. That being said, this in addition to dilated pulmonary veins does raise concern for imminent decompensation and **full cardiac support is recommended as below**. Prognosis is guarded long-term given the severity of the findings with most CHF cases succumbing within 8-12 months. That being said, if the patient remains stable there is some potential for an improved outcome given a lack of significant chamber enlargement. Follow up will help dictate long term picture.

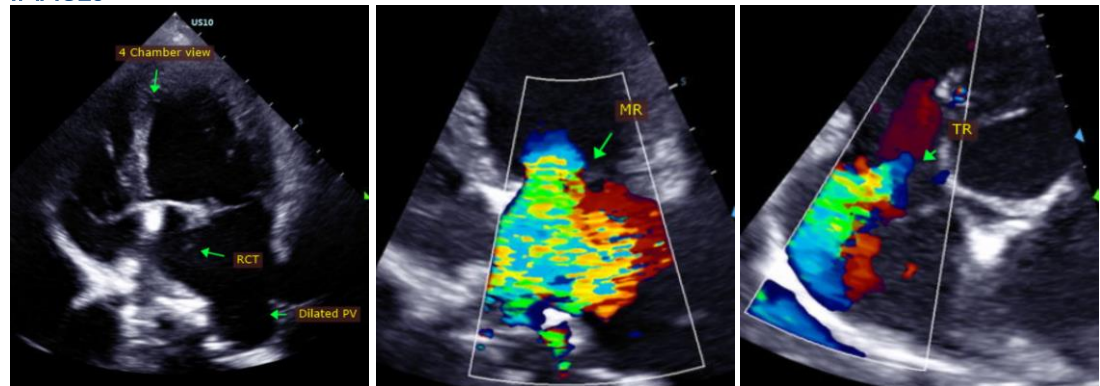
RECOMMENDATIONS

- Administer Pimobendan 0.25-0.3mg/kg PO q12h.
- Administer low-dose Lasix 1mg/kg PO q12h.
- Institute Spironolactone 1-2mg/kg PO q12h.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- **Elective anesthesia is not advised at this time.**
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes. Monitor sleeping breathing rates at home as the best way to monitor for recurrent issues.

PLAN

- Recheck renal panel/BP in 1-2 weeks to ensure tolerance of medications, then every 3-4 months lifelong. If patient is doing well and BP is >130mmHg, institute ACE-I 0.5mg/kg PO q12h.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

IMAGES





PATIENT

Angie Pacillo

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.

SPECIES

Canine

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

SEX

Female Spayed

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

AGE

10 years

WEIGHT

26lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

**IMAGING
PERFORMED BY**

Pamela Harrigan,
RDCS

HOSPITAL NAME

Wood River Animal
Hospital

REFERRING VET

Dr. Plunkett

INVOICE

29564

DATE

3/31/23