

PATIENT

Chewie Walsh

SPECIES

Canine

BREED

Mix

SEX

Male Neutered

AGE

11 years

WEIGHT

12lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Companion Animal
Hospital

REFERRING VET

Dr. Tsai

INVOICE

29457

DATE

3/7/23

PRESENTING CLINICAL SIGNS

History: Recheck echo.

-Current medications: Vetmedin, enalapril, and spironolactone.

-Pertinent previous echo findings (8/2022 MML): Severe MR, moderate LAE, mild LVE, mild RHE, moderate TR, mild PAH: 2.9m/s. LA: 2.5, LV: 3.1.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The mitral valve is diffusely thickened with mild prolapse into the left atrial lumen. There is severe eccentric mitral regurgitation present. The MR velocity is normal. There is moderate left atrial enlargement. There is mild left ventricular dilatation. Left ventricular systolic function is adequate. Mild right atrial and ventricular dilatation (subjective). Thickening of the tricuspid valve with septal prolapse and mild to moderate TR. There is normal systolic flow velocity across the aortic valve. The aortic valve appears trileaflet with normal mobility. The main pulmonary artery is normal in diameter. The pulmonic valve is normal in appearance. No pericardial/pleural effusion or cardiac masses are seen.

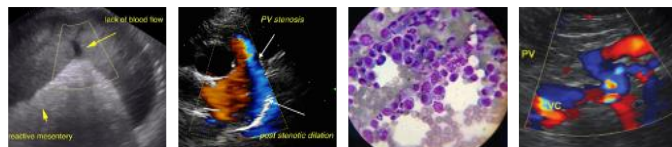
CARDIAC CHART

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	5.9	NM	1.8	1.77	45	77	0.2
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	113	1.7	0.9	5.4	2.3	3.4	1.9
*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

Compared to the prior study, findings are similar. Severe mitral and mild to moderate tricuspid regurgitation are largely unchanged with stable left and right heart dimensions. Mild pulmonary hypertension is suspected to persist; however, no additional issues are documented.

Given these findings, continue triple therapy as previously prescribed. Routine BP and renal value monitoring is advised lifelong. Assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (late B2). Unfortunately, the patient will



PATIENT

Chewie Walsh

always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

SPECIES

Canine

Close monitoring for development of associated clinical signs (development of a cough, labored breathing, exercise intolerance or worsening collapse episodes) is recommended. Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF at home.

BREED

Mix

Elective anesthesia is not advised, as there is high risk for complication. If necessary, cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, iso or sevoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction and recover in O2 cage. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Moderate IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

SEX

Male Neutered

Omega fatty acid supplementation and mild salt restriction may also be of some long-term benefit.

AGE

11 years

PLAN

Continue Pimobendan 0.3mg/kg PO q12h. Continue ACE-I (benazepril or enalapril) 0.5mg/kg PO q12h. Continue Spironolactone 1-2mg/kg PO q12h.

WEIGHT

12lbs

Monitor renal values and BP every 3-4 months lifelong to ensure tolerance of medications.

INTERPRETED BY

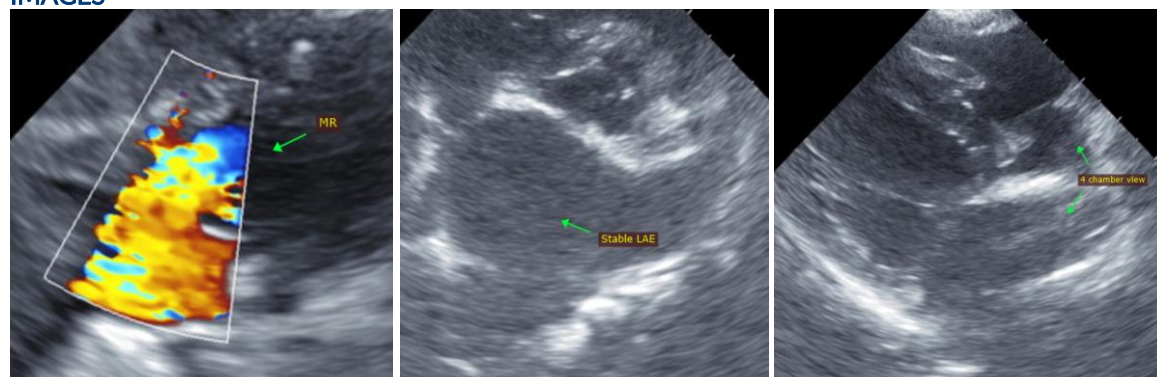
Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

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

IMAGING PERFORMED BY

Kelly Vazquez, CVT

IMAGES



HOSPITAL NAME

Companion Animal
Hospital

REFERRING VET

Dr. Tsai

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.

INVOICE

29457

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

3/7/23

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