


**PATIENT**

Duke Cox-Bailey

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. Has had recent episode of near collapse. Increased HR and RR afterwards.

**SPECIES**

Canine

-Current medications: On Vetmedin 2.5mg BID, Fortekor 5mg BID

-Pertinent previous echo findings (10/2021 MML): Severe MR, severe LAE, moderate LVE, mild TR, early PAH. TR: 3.3, LA: 3.5, LV: 4.0.

**BREED**

Cockapoo

**SEX**

Male Neutered

**AGE**

14 years

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The mitral valve is diffusely thickened with marked prolapse into the left atrial lumen. There is severe eccentric mitral regurgitation present. The MR velocity is normal. There is severe left atrial enlargement. There is moderate left ventricular dilation. Left ventricular systolic function is hyperdynamic. Moderate right atrial and ventricular enlargement. Mild thickening of the tricuspid valve with mild TR. Velocity consistent with early pulmonary hypertension. There is normal systolic flow velocity across the aortic valve. The aortic valve appears trileaflet with normal mobility. The main pulmonary artery is mildly dilated. The pulmonic valve is normal in appearance. No pericardial/pleural effusion or cardiac masses are seen.

**CARDIAC CHART**
**WEIGHT**

21.9lbs

**INTERPRETED BY**

 Maggie Machen Lamy,  
 DVM DACVIM  
 (Cardiology)

**IMAGING PERFORMED BY**

Crystal Hill, RVT

**HOSPITAL NAME**

 The Maples Animal  
 Hospital

**REFERRING VET**

Dr. Kazienko

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	4.6		2.1	2.4	46	78	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	170	1.6	0.9	9.9	3.5	4.4	2.4
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
<b>BODY WEIGHT DEPENDENT PARAMETERS</b>				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**

Chronic degenerative valve disease persists with evidence of mild progression. The LA is stable; however, the left ventricular is increased comparatively. Additionally, the right heart is more enlarged suggesting progressive pulmonary hypertension. No additional issues are identified.

**INVOICE**

22989

**DATE**

3/8/22



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Even with progression seen here, there is no obvious indication for Lasix prior to CHF. A pre-syncope episode is suspected. If this occurred with exertion this is not surprising; however, close monitoring for evidence of CHF at home is advised. If the patient has any respiratory changes going forward, I would not hesitate to institute Lasix therapy. Additionally, Spironolactone remains recommended as was previously documented. A baseline BP and ECG are recommended.

**SPECIES**

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

**SEX**

Male Neutered

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.

**AGE**

14 years

Elective anesthesia is not advised.

**WEIGHT**

21.9lbs

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

**PLAN**

A screening BP, T4 and ECG are recommended. Continue Pimobendan and ACE-I as previously recommended. Institute spironolactone 1-2mg/kg PO q12h. If any RR/RE changes are noted, institute Lasix 1-2mg/kg PO q12h.

**INTERPRETED BY**

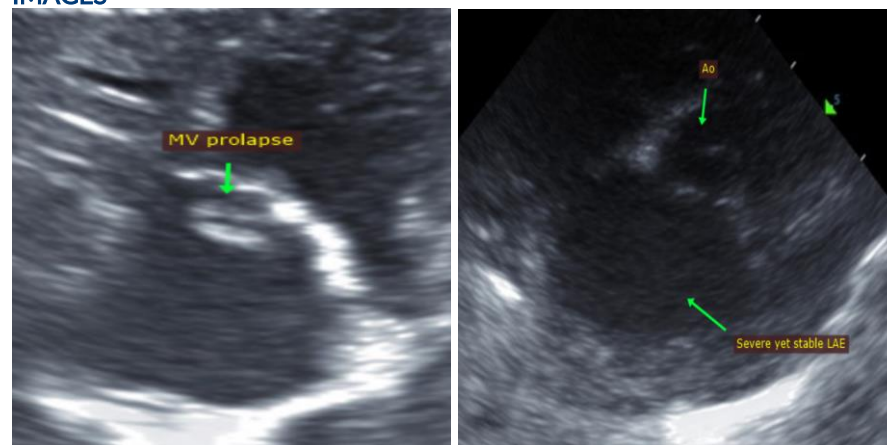
Maggie Machen Lamy,  
DVM DACVIM  
(Cardiology)

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

**IMAGING PERFORMED BY**

Crystal Hill, RVT

**IMAGES**



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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.

**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**

Cockapoo

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**SEX**

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