



PATIENT

Zillah Tyler

SPECIES

Canine

BREED

Papillon Mix

SEX

Female Spayed

AGE

15.2 years

WEIGHT

14.2lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Brian Barnes, DVM

HOSPITAL NAME

Westview Veterinary
Hospital

REFERRING VET

Dr. Barnes

INVOICE

22965

DATE

3/8/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. Grade 1-2/6 AV murmur PMI left hemithorax. Lungs clear no adventitial lung sounds. BP: 115 149 123mmHg. Sedated for exam Ace 0.1mg and Torb 1mg IV.
-Pertinent previous echo findings (8/2021 KB): Mild MR, mild AI, mild TR. LA: 2.46, LV: 2.45.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Diffuse nodular thickening of mitral valve leaflets with minimal prolapse into the left atrial lumen. Mild to moderate central mitral regurgitation with mild left atrial dilation. Normal LV diameter with adequate myocardial function. The tricuspid valve appears mildly thickened with moderate tricuspid regurgitation. Normal velocity. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. Mild to moderate aortic and trace pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses.

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	NM	2.2	1.4	1.3	45	78	0.38
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	NM	1.0	0.9	6.45	1.7	2.7	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)
<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 relative stability. While both leaks appear subjectively increased quantitatively, the overall cardiac dimensions and function are unchanged. The aortic insufficiency is also increased; however, no additional issues are identified.

Given progression in aortic insufficiency in addition to the reportedly elevated blood pressure, consider institution of an ACE-I at this time. Alternatively, reassessing the blood pressure may be warranted prior to medicating given that only one value was recorded. If thought to be truly



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elevated, full systemic screening is also advised, to screen for underlying causes such as PLN. No additional medications are indicated at this time.

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Assessment of progression in the future will help predict long term prognosis, which is highly variable at this stage (B1). Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

BREED

Papillon Mix

Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

SEX

Female Spayed

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PLAN

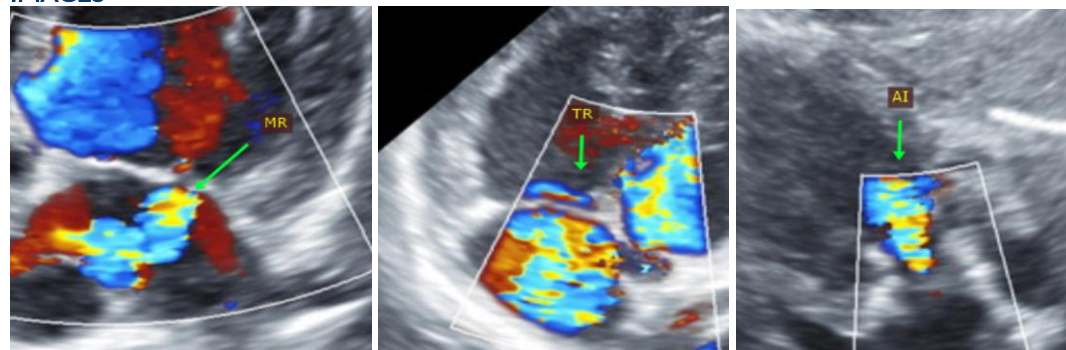
Consider institute ACE-I 0.5mg/kg PO q12h versus reassessing BP as discussed.

WEIGHT

14.2lbs

Recommend conservative monitoring with a recheck echocardiogram in 6-12 months, sooner if any development of clinical signs.

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.

REFERRING VET

Dr. Barnes

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.

INVOICE

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

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