



**PATIENT**

Maxwell Drake

**SPECIES**

Canine

**BREED**

Long-haired Chihuahua

**SEX**

Male Neutered

**AGE**

7.29.08

**WEIGHT**

7.2lbs

**PRESENTING CLINICAL SIGNS**

History: Recheck echo.

-Pertinent abnormal PE/Chem/CBC/UA Results: NSF.

-Current medications: Vetmedin 2.5mg ¼ BID, Sildenafil 20mg ¼ TID, Hydrocodone 5mg with - Homatropine 1.5mg per 5mL 0.75mL q8-12hrs as needed for cough.

-Sedation used: Not required to complete full diagnostic ultrasound.

-Pertinent previous ultrasound results (5/2021 MML): Mild to moderate MR, mild LAE, small LV, mild to moderate TR: 2.2m/s, trace AI. LA: 1.5, LA/AO: 1.4, LV: 1.75

-STAT: Not requested

-Imaging performed by: Andi Parkinson, RDMS.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. Marked anterior leaflet thickening of the mitral valve with prolapse into the left atrial lumen. Mild to moderate eccentric mitral regurgitation with mild left atrial dilation. Normal MR velocity. Normal LV dimension with adequate myocardial function. The tricuspid valve appears thickened with mild tricuspid regurgitation. 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. No pulmonic and trace aortic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses.

**CARDIAC CHART**

**INTERPRETED BY**

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

**HOSPITAL NAME**

Warm & Fuzzy Vet

**REFERRING VET**

Dr. Urie

**INVOICE**

23571

**DATE**

4.11.22

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	5.2	NM	NM	1.4	36	69	NM
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	120	1.0	NM	3.5	1.6	1.9	1.2
*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)

Adapted from June Boon, Veterinary Echocardiography, 1998  
 Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435  
 Hansson et al, Vet Rad and Ultrasound 2002  
 Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease persists with continued stability. No obvious progressive changes are identified with only mild left atrial enlargement. No additional issues are noted in this study.

Given these findings, continue all medications as previously prescribed. Continued 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.

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.

Recommend conservative monitoring with a recheck echocardiogram annually, sooner if clinical signs arise.

## IMAGES



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.

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.

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