



PATIENT

Mica Klinkowski

SPECIES

Canine

BREED

Cavalier

SEX

Male Neutered

AGE

15 years

WEIGHT

19.8lbs

INTERPRETED BY

Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Mass Veterinary Services

REFERRING VET

Dr. Masloski

INVOICE

23594

DATE

4/12/22

PRESENTING CLINICAL SIGNS

History: Recheck echo. History chronic valvular disease - Stage B2. Current presentation: Mica was in Florida two weeks ago and was seen by a vet for coughing and was started on Lasix. He was initially on twice a day with a taper. There has been improvement in the cough.

Respirations have been good, but activity level is a bit decreased. He continues to eat well but did have some diarrhea 2 weeks ago which responded to a bland diet. He has been PU since starting Lasix. On auscultation: NSR, grade IV/VI murmur with PMI left apical area, PSS, lung fields clear, mm pink moist, CRT<2. BP: 140mmHg x 4. Current medications: 1) Pimobendan 2.5mg 1 tab twice a day 2) Enalapril 5mg 1 tab twice a day 3) Snip tips 4) Lasix/furosemide 20mg 1 tab am with 1/2 tab pm 5) Probiotic daily.

-Pertinent previous echo findings (11/16/21 Keith Blass, DVM, DACVIM): LA 3.33 cm; LV 3.63 cm; mild LAE; moderate MR; mild TR (3.26 m/s); mild PAH.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: Significant LV dilation with hyperdynamic myocardial function.

Left atrium: The left atrium is severely dilated.

Mitral valve: Diffuse thickening of mitral valve leaflets with prolapse into the left atrial lumen. Severe eccentric 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 RV dilation.

Right atrium: Mild right atrial dilation.

Tricuspid valve: The tricuspid valve appears thickened, with mild tricuspid regurgitation. Normal velocity.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. The MPA appears mildly dilated. Normal pulmonic outflow velocities with laminar flow. No PI.

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

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 160bpm.

2-Dimensional Measurements

Ao diam (cm)	1.7
LA diam (cm)	3.7
LA:Ao (Swe)	2.2
IVS thickness (cm)	0.7
LVID diastole (cm)	4.2
PW thickness (cm)	0.6
LVID systole (cm)	2.2
FS (%)	47

Doppler Measurements

PV Vmax (m/s)	0.66
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	5.3
TR Vmax (m/s)	2.9
TR PG (mmHg)	33

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease persists with evidence of progression. Severe mitral and mild tricuspid regurgitation are unchanged; however, the left heart is progressively dilated. Severe left atrial enlargement indicates the risk for spontaneous congestive heart failure is elevated. The pulmonary pressures measure normal today and no additional issues are identified.



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In light of the prior clinical signs, response to Lasix, and severity of disease on echocardiogram, there is suspicion for congestive heart failure and continued medications are recommended as below. The addition of Spironolactone may allow for a slight dose decrease in Lasix; however, close monitoring for any change in respiratory rate or effort is recommended at home.

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The average survival time of canine patients with active pulmonary edema is 8-9 months on medications, however they generally are able to maintain a good quality of life for that period. Patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

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RECOMMENDATIONS

- Decrease Lasix to 10mg PO q12h.
- Institute Spironolactone 1-2 mg/kg PO q 12h.
- Continue Pimobendan and Enalapril as prescribed.
- Cough suppression to improve QOL can also be considered (hydrocodone, 0.2-0.4mg/kg up to q4-6h PRN) for any residual mechanical cough in the face of normal sleeping respiratory rates.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.
- Monitoring of sleeping respiratory rates will be paramount to screen for congestive heart failure at home.
- Elective anesthesia is not advised.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

PLAN

- Monitor renal values and BP every 3-4 months lifelong.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

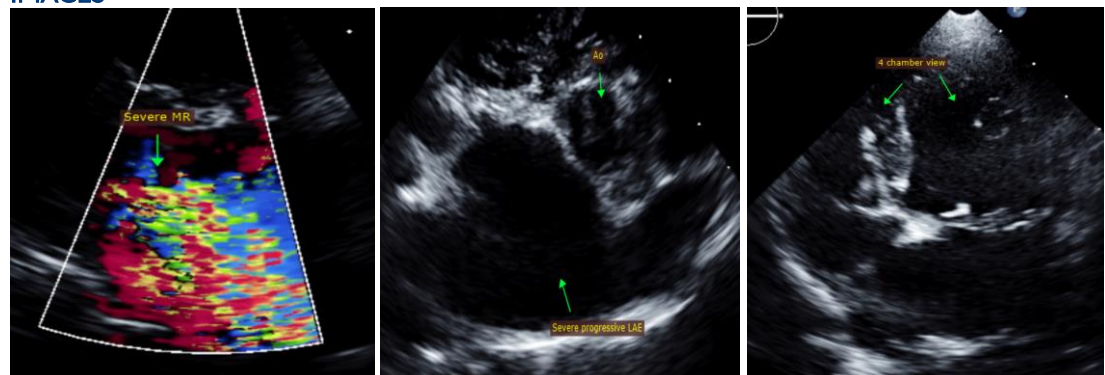
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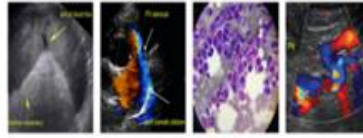
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Cavalier

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

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