



PATIENT

Louis Dailey

SPECIES

Canine

BREED

Maltese Mix

SEX

Male Neutered

AGE

9 years

WEIGHT

13.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Englewood Vet
Center

REFERRING VET

Dr. Ezik

INVOICE

23662

DATE

4/12/22

PRESENTING CLINICAL SIGNS

History: Recheck echo.

-Current medications: Vetmedin 1.25mg 1-tab q12h.

-Pertinent previous echo findings (4/2021 MML): Mild LVE, mild LAE, moderate MR, no TR. LA: 2.2, LV: 3.4.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. The left ventricular systolic function is hyperdynamic. There is mild left ventricular dilation. There is normal left ventricular wall thickness. The right ventricle is normal in size and function. The left atrium is moderately dilated. The right atrium is normal. The mitral is thickened with mild prolapse into the left atrial lumen. There is moderate eccentric mitral regurgitation noted. Normal velocity. The tricuspid valve is mildly thickened. There is mild tricuspid regurgitation. The aortic valve is normal in structure and function. Laminar aortic outflow profile. The pulmonic valve is normal in structure and function. Laminar pulmonic outflow profile. There is no pericardial effusion. There is a no pleural effusion. 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	6.2		1.9	1.8	29	56	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	2.1	1.3	6.2	1.9	3.4	2.5
*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)

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 overall stability. Moderate MR is unchanged with a slight increase in LA dimension. The LV is stable, and no pulmonary hypertension or other issues are identified.

Given these findings, continue Pimobendan with no obvious indication for additional medications.



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Monitor for development of a worsening murmur, cough, labored breathing, exercise intolerance or collapse episodes. Omega fatty acid supplementation may be of some long-term benefit.

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Anesthetic risk remains mild. 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.

BREED

Maltese Mix

Recommend recheck echocardiogram in 6-8 months to monitor for progression, sooner if any development of clinical signs.

SEX

Male Neutered

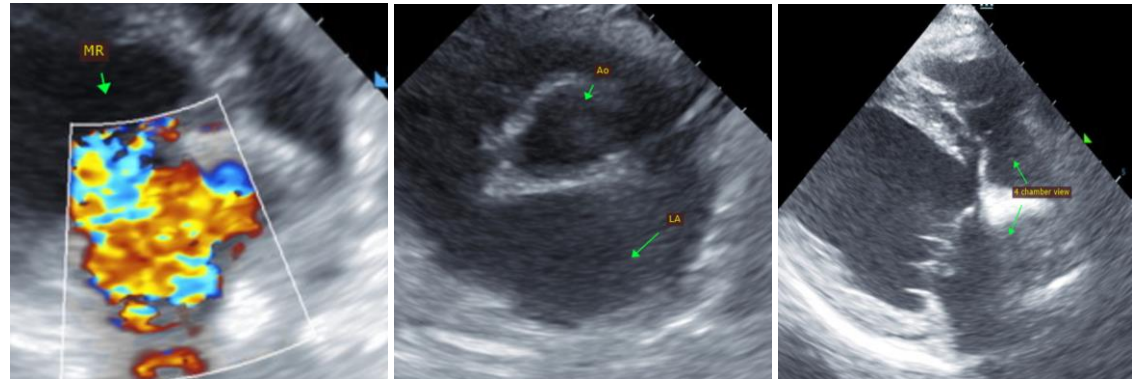
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IMAGES



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Maggie Machen Lamy, DVM, DACVIM (Cardiology)

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.

IMAGING PERFORMED BY

Kelly Vazquez, CVT

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.

HOSPITAL NAME

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