


PATIENT

Bentley Quinlan

PRESENTING CLINICAL SIGNS

History: Some coughing. Grade 3/6 murmur detected on last wellness. Normal exercise tolerance. Was on grain free diet until 12 months ago. Not on any meds and non-clinical for heart disease.

SPECIES

Canine

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets (anterior>posterior) with no prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with mild left atrial dilation. Normal MR velocity. Moderately increased LV with mild LV dysfunction. The tricuspid valve appears mildly thickened with mild tricuspid regurgitation. Normal velocity. Normal right atrial and ventricular diameter. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities. No aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. No cardiac tumors observed.

BREED

Labradoodle

SEX

Male Neutered

CARDIAC CHART
AGE

10 years

WEIGHT

61.7lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM, DACVIM
 (Cardiology)

IMAGING PERFORMED BY

C. Belan, DVM

HOSPITAL NAME

 Bowness Animal
 Clinic

REFERRING VET

Dr. Dhothar

INVOICE

23800

DATE

4/20/22

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	5.1	2.0	1.4	1.5	26	50	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	130	0.8	0.9	28.0	3.0	5.0	3.7
*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 causing moderate mitral and mild tricuspid regurgitation. Mild left atrial enlargement indicates there is relatively low risk for imminent complication. The LV is disproportionately dilated with mild LV dysfunction. Whether this is related to the prior diet or simply a secondary phenomenon is difficult to prove. Monitoring for progression is advised. Mild TR is noted with no evidence of pulmonary hypertension. No additional issues are identified.

Given the concurrent LV issues, I would consider a conservative approach with institution of Pimobendan in this case. No additional medications are warranted. Assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).



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Bentley Quinlan

While mainstem bronchi compression may certainly be contributing to a chronic increase in coughing, other primary airway contributions should also be considered (tracheal collapse, COPD/chronic bronchitis, etc.). Consider hydrocodone for any mechanical component due to cardiomegaly. Screening chest radiographs are recommended.

SPECIES

Canine

Omega fatty acid supplementation and mild salt restriction may also be of some long-term benefit. Monitor for development of a progressive cough, labored breathing, exercise intolerance or collapse episodes.

BREED

Labradoodle

Once on the medication for 3-5 days, anesthetic risk is considered mildly elevated. Cardiac protective drug choices (opioid/benzodiazepine premedication, Propofol or alfaxalone induction, iso or sevo gas) are recommended. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Judicious IV fluid rates are recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

SEX

Male Neutered

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PLAN

Baseline BP is recommended. Institute heart muscle support Pimobendan 0.3mg/kg PO q12h. Consider hydrocodone as discussed.

WEIGHT

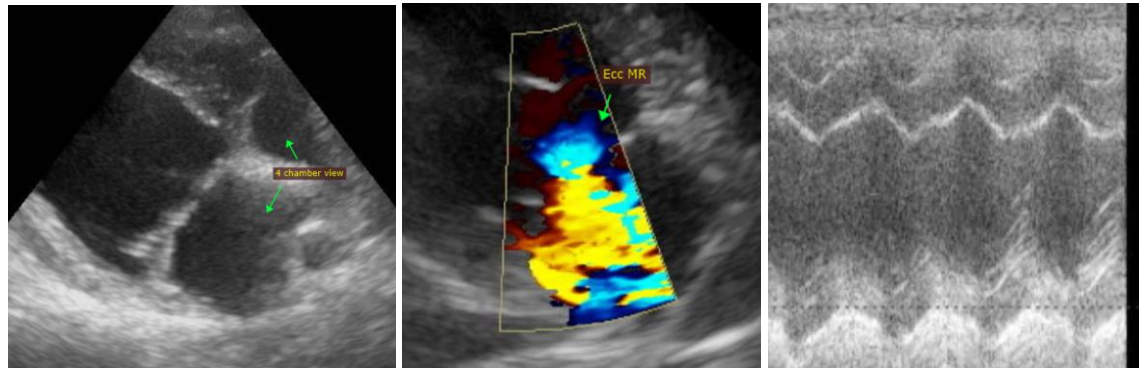
61.7lbs

Recommend monitor for progression with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

IMAGES

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)



IMAGING PERFORMED BY

C. Belan, DVM

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.

HOSPITAL NAME

Bowness Animal
Clinic

REFERRING VET

Dr. Dhothar

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

23800

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DATE

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