



PATIENT

Zury Neira Torries

SPECIES

Canine

BREED

Mix

SEX

Female Spayed

AGE

11 years

WEIGHT

19.6lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

G. Ferrer, DVM

HOSPITAL NAME

Pulse: Pet Ultrasound
Services

REFERRING VET

Dr. Rodriguez

INVOICE

30387

DATE

4/21/23

PRESENTING CLINICAL SIGNS

History: Presented originally on 4-18-23 for evaluation of sudden onset of coughing. Had a syncopal episode. Grade 5-6/6 heart murmur.

-Current medications: Pimobendan 5mgs: 1/2 BID, Furosemide 12.5 mg: 1/2 BID

-Radiographs: Severe cardiomegaly

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets (anterior>posterior) with mild prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with moderate left atrial dilation. Normal MR velocity. Mild LV dilation with hyperdynamic function. The tricuspid valve appears normal with trace 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.

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	5.3	2.0	NM	1.7	51	83	0.2
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	1.1	0.9	8.9	2.6	4.3	2.1
*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 trace tricuspid regurgitation. Moderate left atrial enlargement indicates there is relatively low risk for imminent complication, however risk for progression to spontaneous congestive heart failure in the future is elevated. No additional issues are identified.

Given these findings, continued Pimobendan is recommended. Assessment of progression in the future will help predict long term outcome; however, prognosis is guarded at this stage (B2).



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While mainstem bronchi compression may certainly be contributing to a chronic increase in coughing, other primary airway contributions should also be considered. Consider hydrocodone for any mechanical component due to cardiomegaly. **CHF is not mentioned on the evaluation of the films and unless the patient responded dramatically to institution of Lasix, this is likely unnecessary.**

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No definitive cardiac cause for the episodes is seen in this study (i.e., no significant PAH, no obvious rupture or tears, reasonable cardiac output, etc.) and other causes should be considered. These possible causes include vasovagal events, intermittent arrhythmias, neurologic/systemic issues, etc. That being said, if the episodes are consistently occurring with significant exertion there certainly is a possibility that regurgitant volume is involved and Pimobendan may help. An intermittent arrhythmia cannot be ruled out without a Holter monitor, and this should be considered if episodes continue undiagnosed. Further systemic evaluation may also be considered including AUS. Finally, if the episodes are cough-related, controlling the symptom may reduce syncope.

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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.

WEIGHT

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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.

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Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

PLAN

Continue Pimobendan 0.3mg/kg PO q12h. Consider hydrocodone as discussed. Based upon CXR results, determine if Lasix is in fact warranted. A Radiologist review of the films may be beneficial. Consider further evaluation, particularly if syncope persists as discussed. Baseline BP is recommended.

IMAGING PERFORMED BY

G. Ferrer, DVM

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

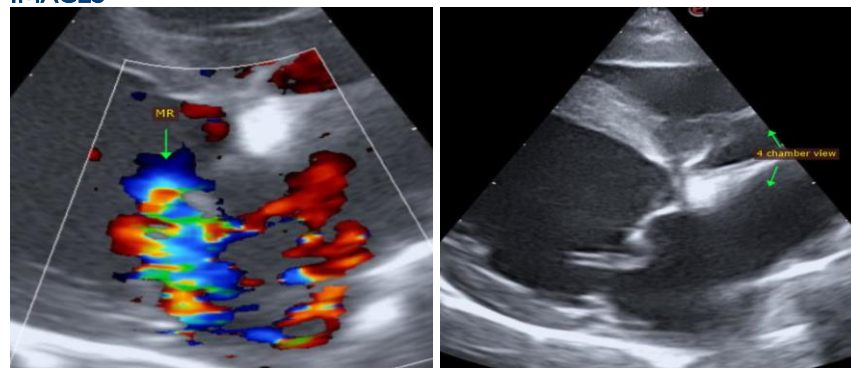
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@sonopath.com

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