



PATIENT

Hadley Jones

SPECIES

Canine

BREED

Cavalier

SEX

Female Spayed

AGE

8.5 years

WEIGHT

24.8lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Amy Mayhew, LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Wixom Family Pet
Practice

INVOICE

23917

DATE

4/27/22

PRESENTING CLINICAL SIGNS

History: History of being breeding dog. Presented to emergency for acute vomiting (since resolved). Owner feels patient has an occasional mild cough and some exercise intolerance. Grade 5/6 heart murmur. Assess prior to dental. BP today 139/81, 135/77mmHg.

-Current Medications: Ursodiol 125 mg PO BID with food Denamarin Advanced Small/Medium 1/2 tablet PO 1 hour before a meal Maropitant 24 mg 1 tablet by mouth SID Clavamox 125 mg 1 tab PO BID x 10 SID.

-Abnormal PE/Chem/CBC/UA Results: ALT 828 (improving), GGT 29 (stable) Gallbladder sludge Bacteriuria.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only. Mild cardiomegaly. No obvious evidence of CHF.

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 to severe eccentric mitral regurgitation with moderate left atrial dilation. Normal MR velocity. Moderate LV dilation with hyperdynamic myocardial function. The tricuspid valve appears subjectively normal, 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.

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	2.2	NM	1.9	49	82	0.4
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	1.2	0.6	11.2	2.6	3.7	1.9
*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)
*Note: All measurements based upon multi-modal images and methods. An average value is reported.				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

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**PATIENT**

Hadley Jones

Chronic degenerative valve disease causing moderate to severe mitral and mild 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.

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Given the risk for progression and results of the EPIC trial, Pimobendan is indicated in this patient as below. Additionally, an ACE-I can be utilized given severity of disease. Assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).

BREED

Cavalier

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.

SEX

Female Spayed

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.

AGE

8.5 years

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.

WEIGHT

24.8lbs

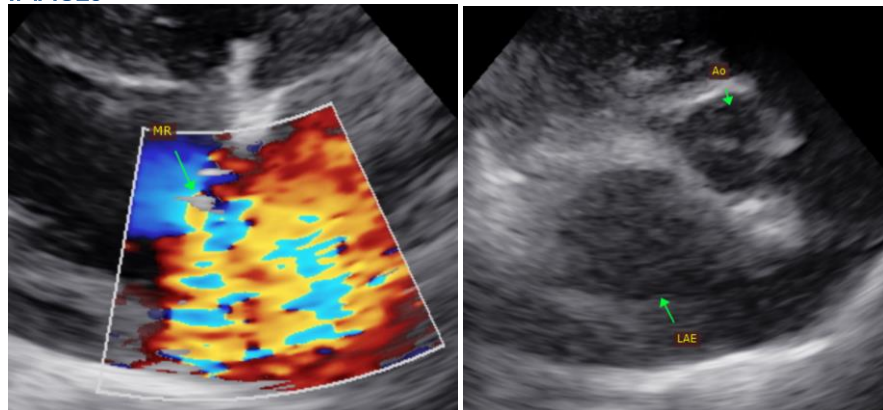
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 Maggie Machen Lamy,
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 (Cardiology)
PLAN

Institute heart muscle support Pimobendan 0.3mg/kg PO q12h. Institute ACE 0.5mg/kg PO q12h. Consider hydrocodone as discussed.

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

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Amy Mayhew, LVT

IMAGES**HOSPITAL NAME**

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The information and recommendations provided are based on the images presented by the referring

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veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

BREED

Cavalier

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Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

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