


PATIENT

Newton Humphrey

PRESENTING CLINICAL SIGNS

History: Recheck echo. Grade 5/6 heart murmur. No arrhythmia heard today.

-Current medications: Furosemide.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: BUN elevated, Creatinine elevated, tCO2 elevated.

-Pertinent previous echo findings (11/2022 MML): Severe MR, severe LAE, severe LVE, trace TR. LA: 4.0, LV: 4.5.

BREED

Schnauzer

SEX

Male Neutered

AGE

14 years

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. Severe eccentric mitral regurgitation with marked left atrial dilation. Severely increased LV diameter with marked sphericity and hyperdynamic myocardial function. The tricuspid valve appears subjectively normal, with trace tricuspid regurgitation. Velocity consistent with early pulmonary hypertension. Mild right heart enlargement. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities. No aortic or pulmonic insufficiency. Scant pericardial effusion noted. No pleural effusion seen. No cardiac tumors observed.

CARDIAC CHART
WEIGHT

15.4lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Crystal Hill, RVT

HOSPITAL NAME

 Hawkins Animal
 Hospital

REFERRING VET

Dr. Hawkins

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	NM	3.0	2.5	>3.0	39	70	0.6
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	0.7	0.7	7.0	4.5	4.4	2.7
*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 persists with continued progression. The LA is now markedly dilated and there is development of pericardial effusion. The right heart is only mildly dilated suggesting mild pulmonary hypertension is accurate. No additional issues are identified.

INVOICE

30477

DATE

4/27/23



PATIENT

Newton Humphrey

Given these findings, **full cardiac support is strongly recommended as below, as only Lasix is noted in the history.** This patient is at high risk for acute decompensation and/or sudden death and this should be expressed to the owner.

SPECIES

Canine

Omega fatty acid supplementation and mild salt restriction remain recommended. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes. Serial monitoring of SRRs is recommended as the best way to screen for progression towards CHF at home.

BREED

Schnauzer

Elective anesthesia is not advised.

SEX

Male Neutered

PLAN

Administer Pimobendan 0.3mg/kg P{O q12h. Administer ACE-I 0.5mg/kg PO q12h. Administer Lasix 1-2mg/kg PO q8-12h depending on current dose. Administer Spironolactone 1-2mg/kg PO q12h. Consider hydrocodone if needed for QOL.

AGE

14 years

Monitor renal values and BP every 3-4 months lifelong.

Recommend conservative monitoring with a recheck echocardiogram in 6 months to screen for progression, sooner if clinical signs arise.

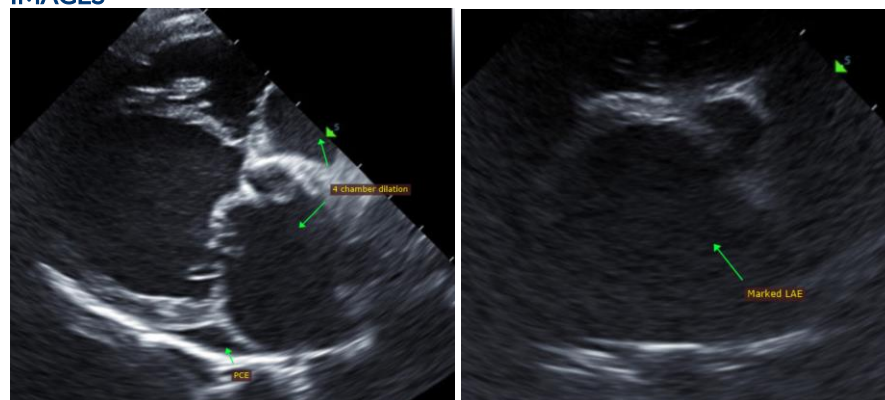
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IMAGES

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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.

REFERRING VET

Dr. Hawkins

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

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DATE

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