



PATIENT

Buffy Erickson

PRESENTING CLINICAL SIGNS

History: Progressive heart murmur, now grade III/VI systolic. No clinical signs. BP: 160mmHg

SPECIES

Canine

ELECTROCARDIOGRAPHIC FINDINGS *Note: Single lead ECGs are evaluated as a rhythm strip. Morphology/MEA cannot be definitively commented on.

A single lead ECG is available from an AliveCor monitor; 25mm/s, 10mm/mV. The average HR is 130bpm with periods of normal sinus rhythm. The rhythm is sinus in origin, with a p for every QRS complex. Occasional 2nd degree AV block with slight prologation of the prior PR interval (most consistent with type I). No ectopic beats, pauses or dysrhythmias observed.

BREED

Dachshund

ECG diagnosis: Normal sinus rhythm with occasional blocked p waves consistent with 2nd degree AV block (low grade, suspect type I).

SEX

Female Spayed

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

AGE

13 years

Left ventricle: The LV diameter is increased with hyperdynamic myocardial function. LV wall thicknesses are decreased with increased sphericity.

Left atrium: The left atrium is severely dilated.

Mitral valve: The mitral valve is severely thickened with mild prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with a normal velocity.

WEIGHT

27lbs

Aortic valve/Aorta: The aortic valve is normal in morphology and mobility. Mildly elevated aortic outflow velocity; laminar flow. No aortic insufficiency.

Right ventricle: No significant RVE.

Right atrium: Normal RA.

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

Tricuspid valve: The tricuspid valve appears normal with no tricuspid regurgitation.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Mildly elevated RVOT velocity; laminar flow.

Pericardium/other: No pericardial or pleural effusion noted. No obvious cardiac masses.

IMAGING

PERFORMED BY

Pamela Harrigan,
RDCS

2-Dimensional Measurements

Ao diam (cm)	1.6
LA diam (cm)	3.8
LA:Ao (Swe)	2.5
IVS thickness (cm)	0.8
LVID diastole (cm)	4.2
PW thickness (cm)	0.8
LVID systole (cm)	2.1
FS (%)	50

Doppler Measurements

PV Vmax (m/s)	0.77
AoV Vmax (m/s)	1.3
MR Vmax (m/s)	4.6
TR Vmax (m/s)	NA
TR PG (mmHg)	NA

HOSPITAL NAME

Norfolk County
Veterinary Service

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing severe mitral regurgitation is identified. Severe left atrial and ventricular enlargement indicates the risk for spontaneous congestive heart failure is elevated. No obvious additional issues such as systolic dysfunction or PAH are noted.

REFERRING VET

Dr. Lavin

Even without significant clinical signs, recommend institute cardiac supportive medications including low dose diuretic therapy given the high risk for decompensation. Advise close monitoring at home going forward. Pending response, cough suppression (up

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DATE

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to q4-6 hours) may also be helpful for mechanical cough. Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF at home.

SPECIES

Canine

The ECG shows occasional blocked P wave (2nd degree AV block). This is relatively common in dogs and may or may not be a progressive issue. The PR interval prolongs slightly prior to the block, which is most consistent with type I (benign, due to high vagal tone). That being said, primary conduction issues may certainly be at play in a senior predisposed breed, and lifelong monitoring is advised. Given that the patient is asymptomatic, and no anesthesia is needed at this time, no further workup is recommended. Should the patient develop any lethargy, collapse, or require anesthesia however, an Atropine Challenge is recommended and potentially a holter monitor.

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Dachshund

SEX

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Long term prognosis is guarded; however, I am hopeful we can stabilize the patient for some time on medications. Once CHF develops, they are generally able to maintain a good quality of life for an average of 8-12 months. Patient will always be at risk for progression to CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

AGE

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RECOMMENDATIONS

WEIGHT

27lbs

- Institute Pimobendan 0.3mg/kg PO 12h.
- Institute ACE-I (benazepril or enalapril) 0.5mg/kg PO q12h.
- Institute Spironolactone 1-2mg/kg PO q12h.
- Institute furosemide 1mg/kg PO q12h.
- Consider hydrocodone with homatropine for QOL (0.2-0.4mg/kg PO up to q4-6 hours PRN for cough; available in 5/1.5mg tabs and 5mg/5ml liquid suspension).
- If acute lethargy or collapse are noted, immediate ECG reassessment is advised.
- Elective anesthesia is not advised. If necessary, an atropine challenge should be performed prior.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes. Monitoring of sleeping breathing rates is the best way to screen for progression to CHF at home.

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Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

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PLAN

HOSPITAL NAME

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- A recheck renal panel and BP is recommended in 1-2 weeks, then every 3-4 months lifelong.
- A recheck echocardiogram is recommended in 6 months to screen for progression, sooner if clinical signs arise.

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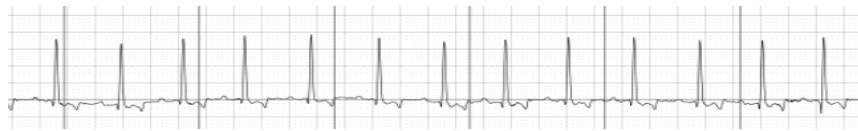
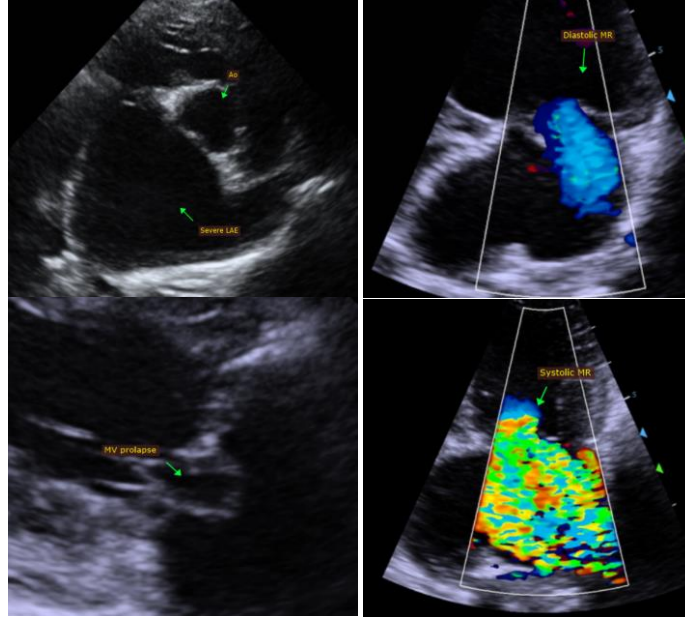
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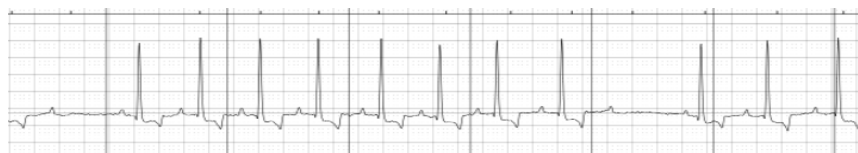
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IMAGES



NSR



2nd AV Block

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.

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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