



PATIENT

Rocky Chiampi

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Male Neutered

AGE

15 years

WEIGHT

20lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Pine Banks Animal
Hospital

REFERRING VET

Dr. Syed

INVOICE

29987

DATE

4/3/23

PRESENTING CLINICAL SIGNS

History: Presented for cough, wheezing. History hypothyroid. Grade III/VI systolic murmur. Radiographs: mild cardiomegaly, possible mild pulmonary edema, evidence of cranial lobar venous congestion. BP: 246, 249mmHg. Current medications: 1) Soloxine 0.1 mg BID 2) Ursodial 300 mg, 1/4 SID 3) Denamarin advanced 1/2 SID 4) Zyrtec SID 5) Lasix 12.5 mg, 1 T q12-24 h prn 6) Pimobendan 3/4 T, q12h 7) Benazepril 5 mg, 1/2 T q24h.

ECHOCARDIOGRAM FINDINGS

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

Left ventricle: Mild LV dilation with adequate myocardial function.

Left atrium: The left atrium is severely dilated. Pulmonary veins appear distended as they enter the lumen.

Mitral valve: Diffuse thickening of mitral valve leaflets with mild prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with a normal velocity.

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

Right ventricle: Mild RV dilation.

Right atrium: Mild right atrial dilation.

Tricuspid valve: The tricuspid valve appears thickened, with trace tricuspid regurgitation. Velocity consistent with early PAH.

Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. The MPA appears mildly dilated. Normal pulmonic outflow velocities with laminar flow. No PI.

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

Heart rhythm: ECG reveals a sinus rhythm with an average HR of 120bpm.

2-Dimensional Measurements

Ao diam (cm)	1.4
LA diam (cm)	3.0
LA:Ao (Swe)	2.1
IVS thickness (cm)	0.8
LVID diastole (cm)	3.5
PW thickness (cm)	0.7
LVID systole (cm)	1.7
FS (%)	53

Doppler Measurements

PV Vmax (m/s)	1.0
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	4.7
TR Vmax (m/s)	3.0
TR PG (mmHg)	37

INTERPRETATION OF THE FINDINGS

The cause of the murmur is chronic degenerative valve disease causing severe mitral regurgitation. Severe left atrial enlargement indicates the risk for spontaneous congestive heart failure is elevated. Early PAH is noted, which is likely secondary to chronic LA pressure elevation and a reported cough. No additional issues are identified.

In light of the clinical signs, chest radiographs and severity of disease on echocardiogram, the diagnosis is congestive heart failure and continued medications are warranted lifelong as below. Note medication changes below.

The reported blood pressure is elevated, and should be reassessed for accuracy particularly given no reported clinical signs of severe hypertension (retinal changes, etc.)



PATIENT

Rocky Chiampi

SPECIES

Canine

BREED

Cocker Spaniel

SEX

Male Neutered

AGE

15 years

WEIGHT

20lbs

INTERPRETED BY

Maggie Machen
 Lamy, DVM
 DACVIM (Cardiology)

IMAGING

PERFORMED BY

Pamela Harrigan,
 RDCS

HOSPITAL NAME

Pine Banks Animal
 Hospital

REFERRING VET

Dr. Syed

INVOICE

29987

DATE

4/3/23

or evidence of LVH on echo. Ideally obtain serial measurements in a controlled, low stress environment and continue until 3 consecutive readings plateau within 5mmHg of variability. If persistently >180mmHg despite a relatively calm demeanor, recommend institution of amlodipine to effect. Additionally if deemed accurate, screening for predisposing underlying causes of SHT is recommended (Cushing's, PLN, adrenal tumor, etc.), as primary disease is relatively uncommon and a rule out diagnosis.

The average survival time of canine patients with active pulmonary edema is 8-9 months on medications, however they generally are able to maintain a good quality of life for that period. Patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

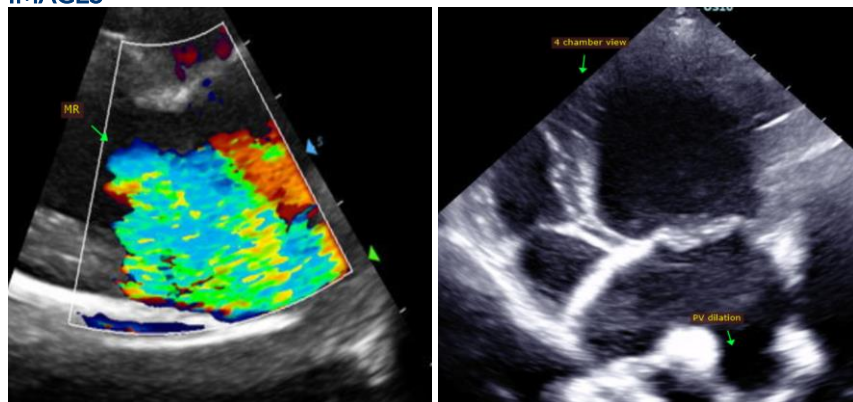
RECOMMENDATIONS

- Administer Lasix 1-2mg/kg PO q12h.
- Institute Spironolactone 1-2 mg/kg PO q 12h.
- Administer Pimobendan 0.25-0.3 mg/kg PO q12h.
- Administer Benazepril 0.5mg/kg PO q12h.
- Reassess BP as discussed.
- Cough suppression to improve QOL can also be considered (hydrocodone, 0.2-0.4mg/kg up to q4-6h PRN) for any residual mechanical cough in the face of normal sleeping respiratory rates.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.
- Monitoring of sleeping respiratory rates will be paramount to screen for congestive heart failure at home.
- Elective anesthesia is not advised.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.

PLAN

- Monitor renal values and BP in 1-2 weeks, then every 3-4 months lifelong.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

IMAGES





PATIENT

Rocky Chiampi

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.

SPECIES

Canine

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.

BREED

Cocker Spaniel

Maggie Machen Lamy, DVM
Diplomate of the American College of Veterinary Internal Medicine (Cardiology)
info@sonopath.com

SEX

Male Neutered

Echocardiogram performed by: Pamela Harrigan, RDCS
Pet Animal Ultrasound Service (4paus.com)

AGE

15 years

WEIGHT

20lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

**IMAGING
PERFORMED BY**

Pamela Harrigan,
RDCS

HOSPITAL NAME

Pine Banks Animal
Hospital

REFERRING VET

Dr. Syed

INVOICE

29987

DATE

4/3/23