



PATIENT

Todd Desederio

SPECIES

Canine

BREED

Chihuahua

SEX

Male Neutered

AGE

12 years

WEIGHT

6.3lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

S. Green, DVM

HOSPITAL NAME

Healing Spirit Animal
Wellness

REFERRING VET

Dr. Green

INVOICE

30129

DATE

4/8/23

PRESENTING CLINICAL SIGNS

History: Presented on emergency due to increased respiratory effort. No coughing observed. Grade iv/vi left apical systolic murmur. Increased inspiratory effort.

-Radiographs: Noted moderate left sided cardiomegaly with pulmonary edema.

ECHOCARDIOGRAM FINDINGS

Limited 2D, m-mode, and color flow imaging is available. Diffuse thickening of mitral valve leaflets with mild prolapse into the left atrial lumen. Moderate eccentric mitral regurgitation with moderate left atrial dilation. Normal MR velocity. Borderline LV dilation with hyperdynamic myocardial function. The tricuspid valve appears mildly thickened. Normal right atrial and ventricular diameter and morphology. The pulmonic and aortic valves are normal in morphology and mobility. No pericardial or pleural effusion noted. No obvious cardiac masses.

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	5.0	NM	NM	1.67	50	92	NM
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	NM	NM	2.9	1.5	2.2	1.1
*Normal chamber parameters expressed as a mean value (SD)							
BODY WEIGHT DEPENDENT PARAMETERS							
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>							
Adapted from June Boon, Veterinary Echocardiography, 1998							
Rishniw M and Hollis NE, J Vet Intern Med 2000; 14:429-435							
Hansson et al, Vet Rad and Ultrasound 2002							
Bonagura et al. Echocardiography: principles of interpretation, Vet Clin North Am 15:1177, 1995							
				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
				5	1.40 (4.5)	2.74 (5.2)	1.60 (4.7)
				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 regurgitation is identified. Moderate left atrial enlargement indicates the risk for spontaneous congestive heart failure may be elevated going forward. No additional issues such as systolic dysfunction are noted. It is important to note this is not considered a complete study and other small abnormalities may have been missed.

While it is uncommon for moderate valve disease to lead to CHF, if the prior radiographs showed pulmonary edema and the patient responded to diuretic therapy then this would support the diagnosis and medications should certainly be continued as suggested below. If there is any question on the diagnosis, a Radiologist review of the films is highly recommended. Assuming CHF is confirmed, the average survival time of canine patients with active pulmonary edema is 8-



PATIENT

Todd Desederio

9 months on medications, however they generally are able to maintain a good quality of life for that period.

SPECIES

Canine

Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes. Patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future. Serial monitoring of SRRs is recommended as the best way to screen for progression to CHF at home.

BREED

Chihuahua

Elected anesthesia is not advised once congestive heart failure is identified.

SEX

Male Neutered

PLAN
Radiologist review of the films is recommended if not performed. If CHF is suspected, administer Lasix to 1-2mg/kg PO q12h. Screening BP, if >130mmHg, administer Enalapril 0.5mg/kg PO q12h. Regardless of results/clinical signs, institute Pimobendan 0.3mg/kg PO q12h. Consider Hydrocodone if needed for quality of life.

AGE

12 years

Monitor renal panel values/BP every 3-4 months lifelong.

A recheck echocardiogram is recommended in 6 months to screen for progression, sooner if clinical signs arise.

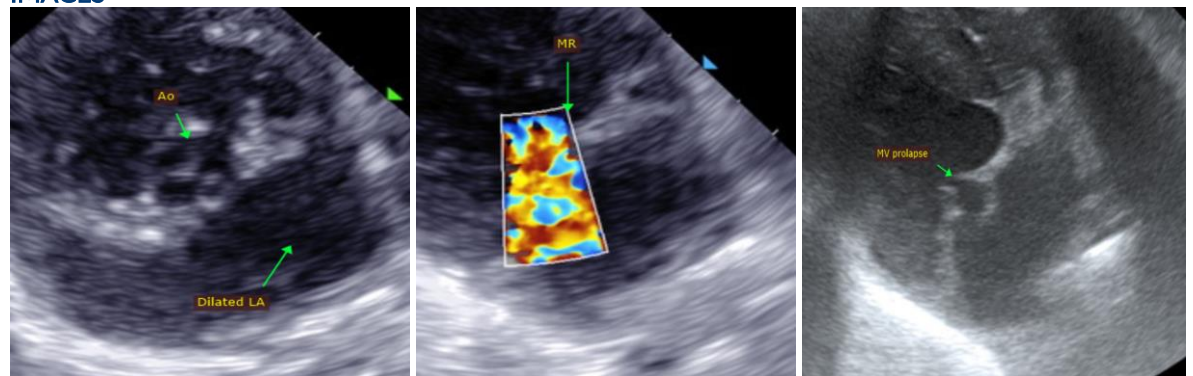
WEIGHT

6.3lbs

IMAGES

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)



IMAGING PERFORMED BY

S. Green, DVM

HOSPITAL NAME

Healing Spirit Animal
Wellness

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. Green

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

30129

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

DATE

4/8/23