



PATIENT

Lucy Parker-Purcaro

SPECIES

Canine

BREED

Dachshund Mix

SEX

Female Spayed

AGE

17 years

WEIGHT

18.4lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

**IMAGING
PERFORMED BY**

A. Nicastro, DVM

HOSPITAL NAME

Veterinary Clinic of
Myrtle Beach

REFERRING VET

Dr. Lemme

INVOICE

47479

DATE

/26

PRESENTING CLINICAL SIGNS

History: Grade 5-6/6 heart murmur. Dry, hacking cough has worsened more frequent at night. Recent onset of urination accidents in the house. Reportedly aware she is urinating and is not just dribbling. The urine appears normal in color and clarity with no foul odor. Water consumption has been high for the past few years, with no noticeable recent change. Energy levels are good. On Furosemide 20mg bid, Enalapril 5mg once daily, Vetmedin 2.5mg BID, and Vetoryl 10mg BID. Cushing's disease was slightly elevated, but clinical behaviors were managed.

ECHOCARDIOGRAM FINDINGS

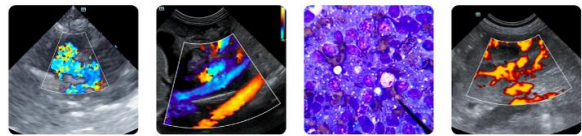
2D, m-mode, color flow and doppler imaging is available. Mild diffuse thickening of mitral valve leaflets with mild prolapse into the left atrial lumen. Mild to moderate eccentric mitral regurgitation with mild left atrial dilation. Normal MR velocity. Normal LV diameter with adequate myocardial function. The tricuspid valve appears normal with mild tricuspid regurgitation. Velocity consistent with early pulmonary hypertension. Normal right atrial and ventricular diameter and morphology. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. No obvious aortic or pulmonic insufficiency. 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	5.5	3.2	1.2	1.4	54	86	0.3
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	1.0	0.8	8.3	1.9	3.4	1.1
*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

Chronic degenerative valve disease causing mild to moderate mitral and trace tricuspid regurgitation. Mild left atrial enlargement indicates the current risk for complication is low. Early pulmonary hypertension is noted, which is of unknown significance in a dog without respiratory disease. No additional issues are seen.



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Typically, with this degree of disease, no cardiac medications are indicated; however, Pimobendan can decrease chamber sizes. Based upon this assumption and the borderline findings, this medication should be continued going forward. There is no indication for Lasix nor Enalapril in this case (pending BP assessment) and both should be discontinued. This will likely improve the urinary symptoms at home.

Assessment of progression in the future will help predict long term prognosis, which is guarded at this stage (B1/B2). 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.

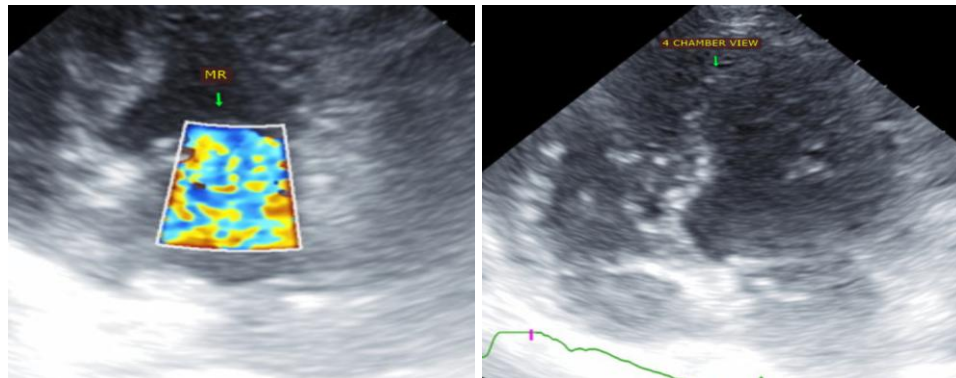
Anesthetic risk is considered mild if needed. Cardiac protective drug choices (opioid/benzodiazepine premedication, propofol or alfaxalone induction, isoflurane gas) are recommended. Pre-oxygenate for 5-10 minutes prior to induction. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Mild IV fluid restriction is recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

PLAN

Continue Pimobendan 0.3mg/kg PO q12h. Baseline BP is recommended. No indication for Lasix nor Enalapril prior to CHF and both should be safely discontinued. If Lasix has been given long-term, wean over 1-2 weeks.

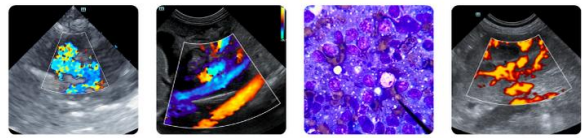
Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

IMAGES



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



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or if I can be of any further assistance, please contact me.

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