



**PATIENT**

Fiona McIntosh

**PRESENTING CLINICAL SIGNS**

History: Recheck.

Pertinent previous echo findings (MML 7/2021): mod MR, mild LAE, mild TR, 2.6m/s, LA 2.1, LV 3.2

**SPECIES**

Canine

**RADIOGRAPHIC FINDINGS** \*NOTE: Images submitted for supplemental cardiac information only.

Minimal cardiomegaly. No obvious evidence of CHF.

**BREED**

Miniature Schnauzer

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler 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 diameter with adequate myocardial function. The tricuspid valve appears mildly thickened with mild septal prolapse and moderate regurgitation. Velocity consistent with early PAH. 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.

**SEX**

FS

**AGE**

11 years

**CARDIAC CHART**

**WEIGHT**

24.3lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

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	4.6	3.1	NM	1.7	44	77	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	117	1.3	0.8	11	2.7	3.4	1.8
*Normal chamber parameters expressed as a mean value (SD)				3	1.27 (5.3)	2.46 (2.46)	1.36 (5.5)
<b>BODY WEIGHT DEPENDENT PARAMETERS</b>				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)

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

**HOSPITAL NAME**

Chaparral Vet Clinic

**REFERRING VET**

Dr. Gadzheva

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Chronic degenerative valve disease persists with evidence of mild progression. The LA and LV dimensions are mildly increased comparatively, with a slight increase in MR quantity. The TR is also increased with development of mild PAH. No additional issues are identified.

**INVOICE**

24142

**DATE**

5/10/22



## PATIENT

Fiona McIntosh

Given these findings, Pimobendan is now indicated in this patient as below. This may be a conservative approach given the findings; however, recommend err on the side of caution. Assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).

## SPECIES

Canine

Omega fatty acid supplementation and mild salt restriction may also be of some long-term benefit. Monitor for development of a progressive cough, labored breathing, exercise intolerance or collapse episodes.

## BREED

Miniature Schnauzer

Once on the medication for 3-5 days, anesthetic risk is considered mildly elevated. Cardiac protective drug choices (opioid/benzodiazepine premedication, Propofol or alfaxalone induction, iso or sevo gas) are recommended. Monitor for arrhythmias, hypotension, and hypoxia both intra and post-operatively and intervene as necessary. Judicious IV fluid rates are recommended to avoid fluid overload. Avoid heart rate stimulating drugs such as atropine unless clinically indicated.

## SEX

FS

## AGE

11 years

## PLAN

Baseline BP recommended. Institute heart muscle support Pimobendan 0.25-0.3mg/kg PO q12h.

## WEIGHT

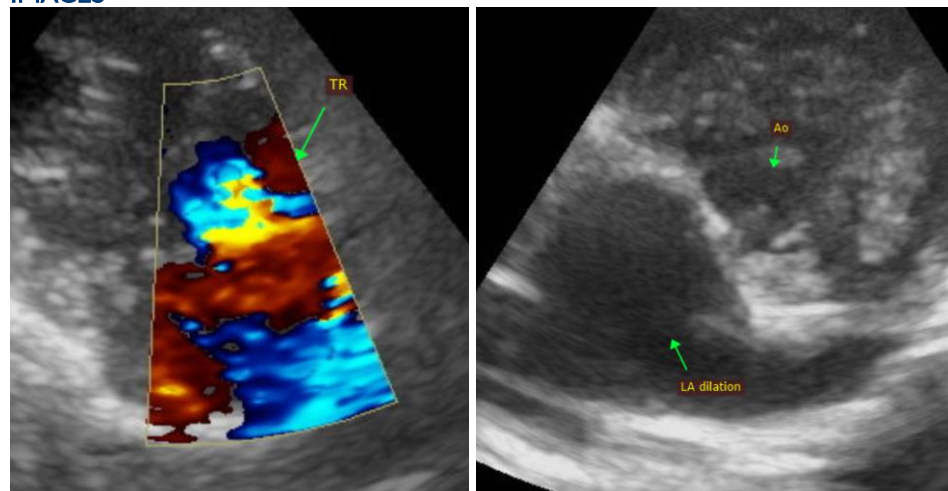
24.3lbs

Recommend monitor for progression with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

## IMAGES

### INTERPRETED BY

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)



### IMAGING PERFORMED BY

C. Belan, DVM

### HOSPITAL NAME

Chaparral Vet Clinic

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. Gadzheva

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

### INVOICE

24142

Maggie Machen Lamy, DVM  
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### DATE

5/10/22