



PATIENT

Willow Sparagana

SPECIES

Canine

BREED

Maltese

SEX

Female Spayed

AGE

3.17.15

WEIGHT

5.43lbs

PRESENTING CLINICAL SIGNS

History: Recheck echo. Doing well. Also being managed with diet for fiber-responsive colitis.

-Pertinent abnormal PE/Chem/CBC/UA Results: Last chem 12/22 was within normal limits.

TLI/Cob/Fol was normal 2/23.

-Current medications: Vetmedin 1.25mg ½ BID.

-Sedation used: Not required to complete full diagnostic ultrasound.

-Pertinent previous ultrasound results (4/2022 MML): Moderate MR, moderate LAE, mild LVE, no TR. LA; 1.75, LV: 2.3.

-STAT: Declined at this time.

-Imaging performed by: Stephanie Warga RDCS, RVT.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets (anterior>posterior) with mild prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with severe left atrial dilation. Normal MR velocity. Moderately increased LV diameter with hyperdynamic myocardial function. The tricuspid valve appears subjectively normal, with trace tricuspid regurgitation. Velocity consistent with early pulmonary hypertension. Normal right atrial and ventricular diameter. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities. Trace aortic and no pulmonic insufficiency. No pericardial or pleural effusion noted. No cardiac tumors observed.

CARDIAC CHART

INTERPRETED BY

Maggie Machen Lamy, DVM, DACVIM (Cardiology)

HOSPITAL NAME

Stevenson Village Veterinary Hospital

REFERRING VET

Dr. Feinberg

INVOICE

30719

DATE

5.10.23

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	5.3	2.9	NM	2.4	54	86	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	185	1.4	0.7	2.5	2.4	3.1	1.4
*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)

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic degenerative valve disease persists with evidence of progression. Severe mitral and trace tricuspid regurgitation are both increased. Severe LA and LV enlargement is noted compared to what is seen in the prior study indicating progressive disease and the risk for spontaneous congestive heart failure is elevated going forward. Early pulmonary hypertension has also developed in addition to a small aortic insufficiency, a baseline BP is recommended. Even without significant respiratory changes, it is reasonable to initiate an ACE-I and Spironolactone at this time as below given apparent progression.

Prognosis is guarded long term (late B2), and patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future.

Omega fatty acid supplementation and mild salt restriction remain recommended. Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes. Serial monitoring of SRRs is recommended as the best way to screen for progression towards CHF at home.

Elective anesthesia is not advised.

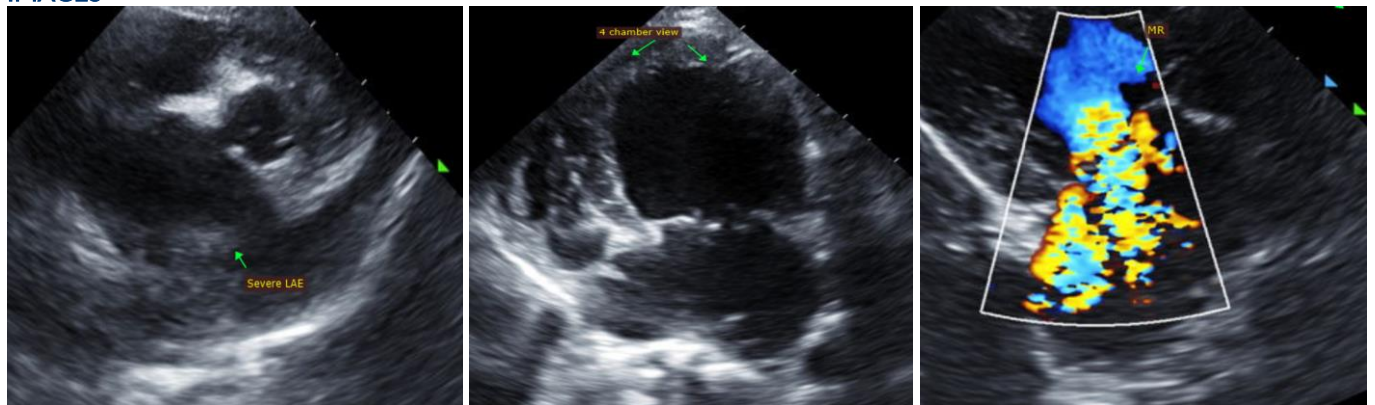
PLAN

Screening blood pressure is recommended. Continue Pimobendan as prescribed. Institute ACEI 0.5mg/kg PO q12h. Institute spironolactone 1-2mg/kg PO q12h.

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 to screen for progression, sooner if clinical signs arise.

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

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