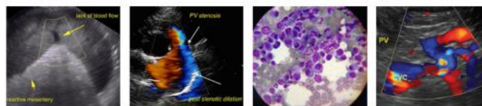


PATIENT
Delilah Chambers

SPECIES
Canine

BREED
Cavalier

SEX
Female Spayed

AGE
13 years

WEIGHT
19.8lbs

INTERPRETED BY
Maggie Machen Lamy, DVM DACVIM (Cardiology)

IMAGING PERFORMED BY
Pamela Harrigan, RDCS

HOSPITAL NAME
Wignall Animal Hospital

REFERRING VET
Dr. Colella

INVOICE
24298

DATE
5/19/22

PRESENTING CLINICAL SIGNS

History: Grady V/VI systolic murmur. Urinary incontinence; proteinuria; urine culture negative. Good appetite and normal activity level. Would like to start proin if possible.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.
Left ventricle: The LV diameter is borderline increased with hyperdynamic function. LV wall thicknesses are normal.
Left atrium: The left atrium is moderately dilated.
Mitral valve: The mitral valve is diffusely thickened with mild prolapse into the left atrial lumen. Moderate 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: The right ventricular appears largely normal.
Right atrium: Moderate RA enlargement.
Tricuspid valve: The tricuspid valve appears thickened with mild septal prolapse and moderate tricuspid regurgitation. Velocity consistent with early pulmonary hypertension.
Pulmonic valve/Pulmonary artery: The pulmonic valve is normal in morphology and mobility. No pulmonic insufficiency. Normal RVOT velocity; laminar flow.
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

Measurement	Value
Ao diam (cm)	1.5
LA diam (cm)	2.8
LA:Ao (Swe)	1.86
IVS thickness (cm)	0.8
LVID diastole (cm)	3.1
PW thickness (cm)	0.8
LVID systole (cm)	1.3
FS (%)	58

Doppler Measurements

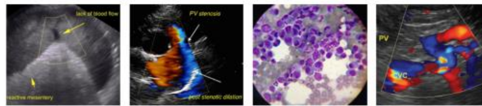
Measurement	Value
PV Vmax (m/s)	1.7
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	5.9
TR Vmax (m/s)	3.0
TR PG (mmHg)	37

INTERPRETATION OF THE FINDINGS

Chronic degenerative valve disease causing moderate mitral and tricuspid regurgitation. Moderate left atrial enlargement indicates there is relatively low risk for imminent complication, however risk for progression to spontaneous congestive heart failure in the future is elevated. Mild pulmonary hypertension is noted with a significant tricuspid leak. Moderate right atrial enlargement is also identified, which is also concerning. No additional issues are identified.

Given these findings, Pimobendan is recommended as below. Assessment of progression in the future will help predict long term outcome, however prognosis is guarded at this stage (B2).

Proin is concerning in this case as this can lead to increased systemic pressures and thereby increase afterload. Consider Incurin as a possible alternative. If Proin would be superior from a systemic standpoint, recommend a baseline BP with reassessment 2 weeks after institution to ensure use is tolerated.



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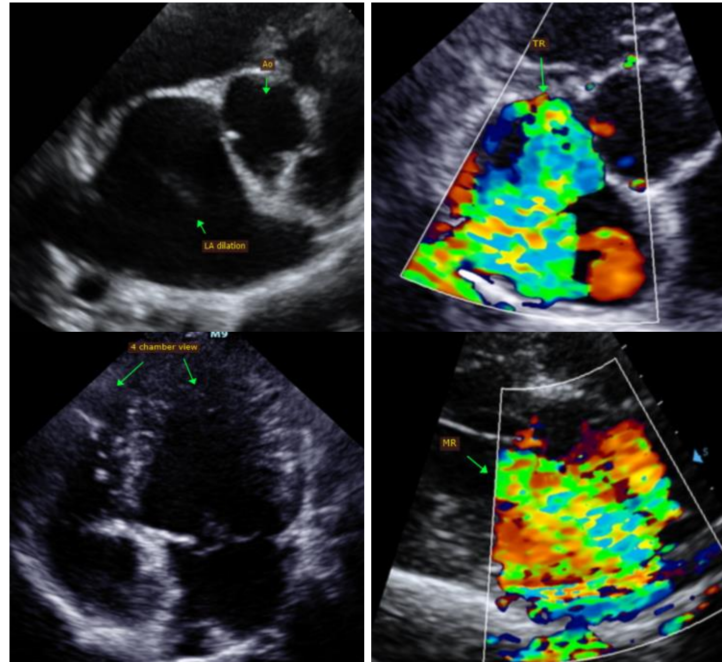
RECOMMENDATIONS

- Institute heart muscle support Pimobendan 0.3mg/kg PO q12h.
- Consider Incurin. If Proin is superior, assess a baseline BP with reassessment 2 weeks initiation.
- Monitor BP every 6 months lifelong.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Once on Pimobendan for 3-5 days, 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.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes.

PLAN

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

IMAGES



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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.

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