



PATIENT

Zoe Flynn

SPECIES

Canine

BREED

Terrier Mix

SEX

Female Spayed

AGE

12 years

WEIGHT

14lbs

INTERPRETED BY

Maggie Machen
Lamy, DVM
DACVIM (Cardiology)

IMAGING PERFORMED BY

Pamela Harrigan,
RDCS

HOSPITAL NAME

Compassionate Care
Veterinary Clinic

REFERRING VET

Dr. Farrington

INVOICE

24322

DATE

5/22/22

PRESENTING CLINICAL SIGNS

History: November 2021, presented for slight wheeze when at rest and a dry cough. Started Pimobendan and had echo scheduled at referral hospital, but cardiologist was away on leave. Recently, respiratory rate has been consistently greater than 40. No cough since starting Pimobendan; still good appetite and energy/activity level. PE: grade III/VI systolic murmur, lungs quiet, no tracheal cough. BP: 160mmHg x 3. Video of pet shows a slight whine at end of each bark that sounds upper airway. BW pending.

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

Two lateral films are included. Significant cardiomegaly with concern for early decompensation.

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and Doppler imaging is available.

Left ventricle: The LV is dilated with hyperdynamic myocardial function. LV wall thicknesses are normal.

Left atrium: The left atrium is severely dilated.

Mitral valve: The mitral valve is significantly thickened with a flail anterior leaflet. Ruptured chordae tendineae suspected (see below). Severe 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. Normal aortic insufficiency.

Right ventricle: Mild right ventricular enlargement.

Right atrium: Mild RA enlargement.

Tricuspid valve: The tricuspid valve is mildly thickened with mild tricuspid regurgitation. Normal velocity.

Pulmonic valve/pulmonary artery: The pulmonic valve is normal in morphology and mobility. Mild 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 140bpm.

2-Dimensional Measurements

Ao diam (cm)	1.3
LA diam (cm)	2.9
LA:Ao (Swe)	2.2
IVS thickness (cm)	0.71
LVID diastole (cm)	3.6
PW thickness (cm)	0.75
LVID systole (cm)	1.6
FS (%)	54

Doppler Measurements

PV Vmax (m/s)	0.76
AoV Vmax (m/s)	1.4
MR Vmax (m/s)	4.8
TR Vmax (m/s)	2.6
TR PG (mmHg)	28

INTERPRETATION OF THE FINDINGS

The cause of the murmur is chronic degenerative valve disease causing severe mitral and mild tricuspid regurgitation. Severe left atrial enlargement indicates risk for complication in the near future. The finding of a ruptured chord and flail leaflet certainly dramatically raises this risk. No concurrent issues such as systolic dysfunction are noted in this study.



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Given these findings, included CXR, and the reported respiratory signs, there is high suspicion for imminent CHF and full cardiac support is recommended as below.

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Prognosis is guarded long-term with most CHF cases succumbing within 8-12 months. Most dogs are able to have a good quality of life on medications.

RECOMMENDATIONS

BREED

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- Continue Pimobendan 0.25-0.3mg/kg PO q12h.
- Institute Lasix 1-2mg/kg PO q12h.
- Institute Spironolactone 1-2mg/kg PO q12h.
- Omega fatty acid supplementation and mild salt restriction may be of some long-term benefit.
- Elective anesthesia is not advised at this time.
- Monitor for development of a cough, labored breathing, exercise intolerance or collapse episodes. Monitor sleeping breathing rates at home as the best way to monitor for recurrent issues.

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PLAN

- Recheck renal panel/BP in 1-2 weeks to ensure tolerance of medications, then every 3-4 months lifelong. If patient is doing well and BP is >130mmHg, institute ACE-I 0.5mg/kg PO q12h.
- Recommend conservative monitoring with a recheck echocardiogram in 6 months, sooner if any development of clinical signs.

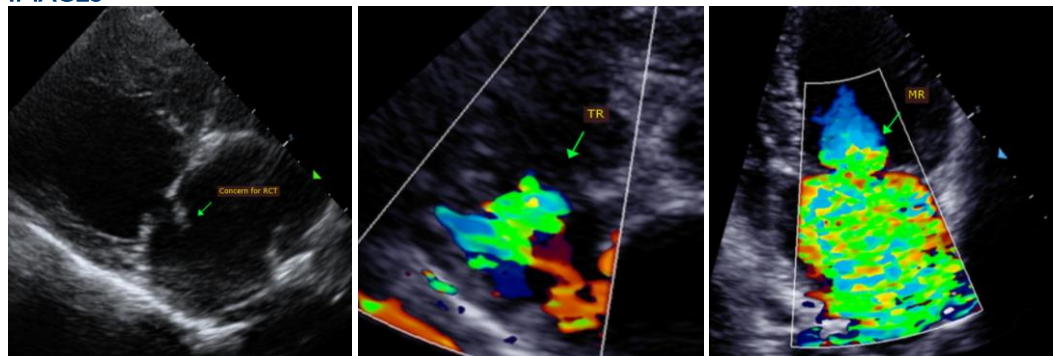
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IMAGES



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Compassionate Care Veterinary Clinic

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Dr. Farrington

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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