

PATIENT

Annie Dinsmore

SPECIES

Canine

BREED

Cavalier

SEX

Female Spayed

AGE

10 years

WEIGHT

35lbs

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Simmonds Veterinary
Hospital

REFERRING VET

Dr. Cougar

INVOICE

24367

DATE

5/24/22

PRESENTING CLINICAL SIGNS

History: Recheck echo.
-Current Medications: Lasix 12.5 BID.
-Pertinent previous echo findings (10/2021 MML): Mild MR, minimal LAE, no LVE, mild TR. LA; 2.3, LV: 3.4; VPCs noted at that time.

RADIOGRAPHIC FINDINGS *NOTE: Images submitted for supplemental cardiac information only.
Minimal cardiomegaly. No obvious evidence of CHF.

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 mitral regurgitation with mild left atrial dilation. Mild LV dilation with adequate myocardial function. The tricuspid valve appears normal with mild tricuspid regurgitation. Normal velocity. Normal right atrial and ventricular diameter and morphology indicating no overt evidence of pulmonary arterial hypertension. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities with laminar flow. Trace aortic and pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac masses.

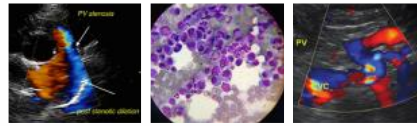
CARDIAC CHART

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	NM	2.5	1.4	1.5	38	69	0.18
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	120	1.4	1.0	15.9	2.7	4.0	2.5
*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 persists with evidence of slight progression. Previously normal left heart dimensions are now mildly dilated, and the quantity of MR is slightly increased. No additional issues are identified.

Given these findings, there is still no indication for medications, as the disease remains safely within the mild category. No indication for Lasix prior to CHF and this can be safely discontinued. Prognosis is highly variable at this stage (B1) and monitoring for progression is advised.



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Monitor at home for collapse, exercise intolerance, and/or lethargy. If a holter monitor is elected, this will dictate whether therapy is needed and follow up protocol.

SPECIES

Canine

Anesthetic risk is considered mild. 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.

BREED

Cavalier

PLAN

Discontinue Lasix as discussed. Reassess ECG based upon prior report.

SEX

Female Spayed

A recheck echocardiogram/ECG is recommended in 6 months, sooner if symptoms of cardiac disease arise (cough, labored breathing, etc.).

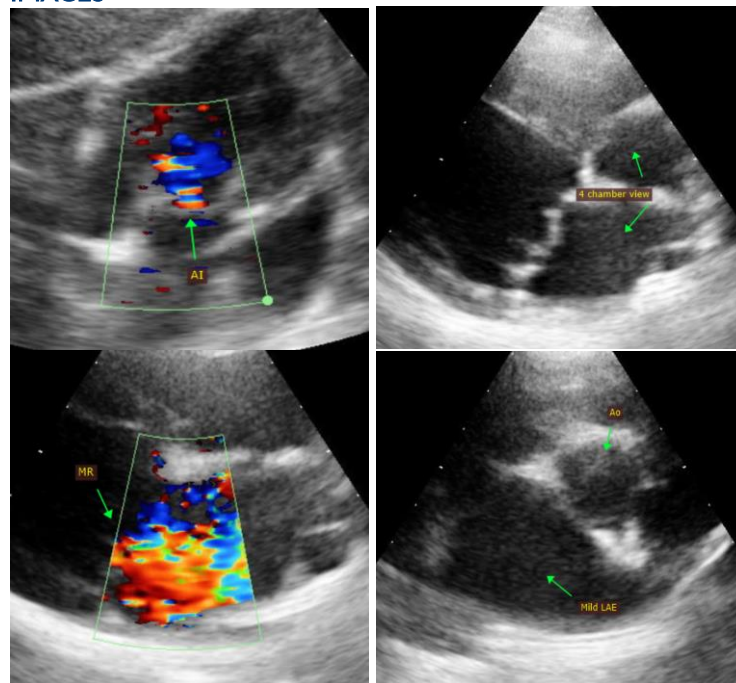
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

INVOICE

24367

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.

DATE

5/24/22

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