



PATIENT

Pebbles Martin

SPECIES

Canine

BREED

Dachshund

SEX

Female Spayed

AGE

11 years

WEIGHT

13

INTERPRETED BY

Maggie Machen Lamy,
DVM, DACVIM
(Cardiology)

IMAGING PERFORMED BY

Sands Hill Mobile
Veterinary Ultrasound

HOSPITAL NAME

Whole Pet Vet

REFERRING VET

Dr. Rubendall

INVOICE

23981

DATE

5/3/22

PRESENTING CLINICAL SIGNS

History: Mild increase in cough. Diagnosed with CHF one year ago.

-Current medications: Lasix 12.5mg 1/2-tab BID, Spironolactone 25mg 1/2-tab BID, Vetmedin 1.25mg BID, Cardioplus 1 tab twice daily.

-Abnormal PE/Chem/CBC/UA Results: Chemistry was within normal limit on 3/2/22. CBC-Platelet count was 455, lymphocytes 38, Neutrophils 56.

ECHOCARDIOGRAM FINDINGS

2D, m-mode and Doppler imaging are available. Diffuse thickening of mitral valve leaflets (anterior > posterior) with prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with severe left atrial dilation. Mild LV dilation with hyperdynamic myocardial function. The tricuspid valve appears mildly thickened, with trace tricuspid regurgitation. Mild right atrial and ventricular enlargement. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities. No pulmonic or aortic insufficiency. No pericardial

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	4.7	NM	1.5	2.1	59	90	NM
CANINE CARDIAC PARAMETERS	HR (BPM)	AV VMAX (m/s)	PV MAX (m/s)	BODY WEIGHT	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	130	1.3	0.7	13	3.1	3.3	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)
<i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i>				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

The cause of the murmur is chronic degenerative valve disease causing severe mitral and trace tricuspid regurgitation. Severe left atrial enlargement indicates the risk for spontaneous congestive heart failure is elevated. No additional issues are identified.

The described cough is likely multi-factorial in origin, including a mechanical component due to cardiomegaly, possible concurrent airway disease and/or early recurrent CHF given the severity of disease. Screening chest radiographs are recommended; however, the history is less suggestive of recurrent CHF. Given the history and echo findings, continued lifelong cardiac support is



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recommended as below. Additionally, a cough suppression may be useful for a mechanical origin of a cough. Monitoring of sleeping breathing rates in the future will be paramount to determine the origin of any future cough. The average survival of canine patients with active pulmonary edema is 8-9 months on medications, however they generally are able to maintain a good quality of life for that period. Patient will always be at risk for recurrent CHF, development of arrhythmias/LA tear, syncope and/or sudden death in the future. Monitoring of renal values is recommended lifelong.

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

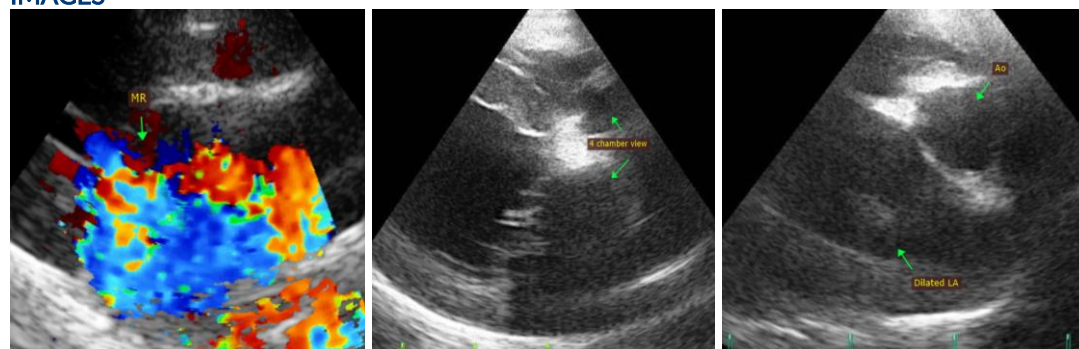
PLAN

Screening BP and CXR are recommended. Continue 4 medications at standard dosage: Lasix 1-2mg/kg PO q12h. Spironolactone 1-2mg/kg PO q12h. Pimobendan 0.3mg/kg PO q12h. Pending BP >130mmHg, an ACE-I is also recommended: 0.5mg/kg PO q12h. Consider hydrocodone with homatropine (0.2-0.4mg/kg PO up to q4-6 hours PRN) if cough persists despite normal SRRs.

A renal panel and BP are recommended every 3-4 months lifelong.

A recheck echocardiogram is recommended in 6 months to screen for progression, sooner if clinical signs arise/persist.

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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