


PATIENT

Maximus Jenko

SPECIES

Canine

BREED

Miniature Dachshund

SEX

Male Intact

AGE

14 years

WEIGHT

12.8lbs

INTERPRETED BY

 Maggie Machen Lamy,
 DVM DACVIM
 (Cardiology)

IMAGING PERFORMED BY

Crystal Hill, RVT

HOSPITAL NAME

 East Credit Veterinary
 Hospital

REFERRING VET

Dr. Webster

INVOICE

24470

DATE

5/30/22

PRESENTING CLINICAL SIGNS

History: New patient with suspected syncopal episodes after coughing. Has been treated for heart disease and CHF by regular DVM.

-Radiographs: Here show enlarged heart and mild perihilar congestion.

-Current medications: Furosemide 5mg BID, Doxycycline 25mg BID, Hydrocodone 1mg BID, Fortekor 2.5mg SID, Vetmedin 1.25mg BID

-Abnormal PE/Chem/CBC/UA Results: Plateletcrit 0.76(0.14-0.46) MCH mildly decreased, Monocytes mildly increased, Platelets 606(148-484), mildly decreased Creatinine. ALT186(10-125) ALP 300(23-212).

ECHOCARDIOGRAM FINDINGS

2D, m-mode, color flow and doppler imaging is available. Diffuse thickening of mitral valve leaflets with minimal prolapse into the left atrial lumen. Severe eccentric mitral regurgitation with moderate to severe left atrial dilation. LV dilation with hyperdynamic myocardial function. The tricuspid valve appears normal with trace tricuspid regurgitation. Normal velocity. Mild right heart enlargement. The pulmonic and aortic valves are normal in morphology and mobility. Normal pulmonic and aortic outflow velocities. No aortic or pulmonic insufficiency. No pericardial or pleural effusion noted. No obvious cardiac tumors observed.

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	2.0	NM	1.87	44	77	0.3
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	165	1.3	1.1	5.79	2.8	3.2	1.6
*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

The murmur is due to chronic degenerative valve disease causing severe mitral and trace tricuspid regurgitation. Significant left atrial and ventricular enlargement indicate the risk for spontaneous congestive heart failure is elevated. Mild pulmonary hypertension is



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suspected, which is likely secondary to a reported cough and elevated LA pressure. No obvious additional issues are noted.

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A cough in this patient with severe heart disease is likely multi-factorial in origin, including mainstem bronchi compression and/or potentially some degree of upper or lower airway disease. Early CHF/pulmonary edema should also be considered as was reported on recent films. If this is a confirmed diagnosis, Lasix should be continued. Regardless, recommend continue additional cardiac supportive medications as below. Pending response, cough suppression (up to q4-6 hours) may also be helpful for mechanical cough. Monitoring of sleeping breathing rates is recommended as the best way to screen for CHF at home.

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Cardiogenic syncope can be due to a variety of underlying issues. If strictly cough-associated, a vasovagal event is suspected. If the episodes continue despite medications and/or occur independent of the cough symptom, further evaluation is strongly recommended (holter, etc.).

AGE

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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. Long term prognosis is guarded to poor, with an average survival time of 8-9mo for canine patients with active pulmonary edema 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.

WEIGHT

12.8lbs

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Maggie Machen Lamy,
DVM DACVIM
(Cardiology)

PLAN

Administer Pimobendan 0.3mg/kg PO q12h. Institute Spironolactone 1-2mg/kg PO q12h. Continue Lasix 1-2mg/kg PO q12h. Baseline BP recommended, if >130mmHg, administer ACE-I (benazepril or enalapril) 0.5mg/kg PO q12h. Consider hydrocodone with homatropine for QOL (0.2-0.4mg/kg PO up to q4-6 hours PRN for cough; available in 5/1.5mg tabs and 5mg/5ml liquid suspension).

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A renal panel and BP are recommended in 1-2 weeks, then every 3-4 months lifelong.

HOSPITAL NAME

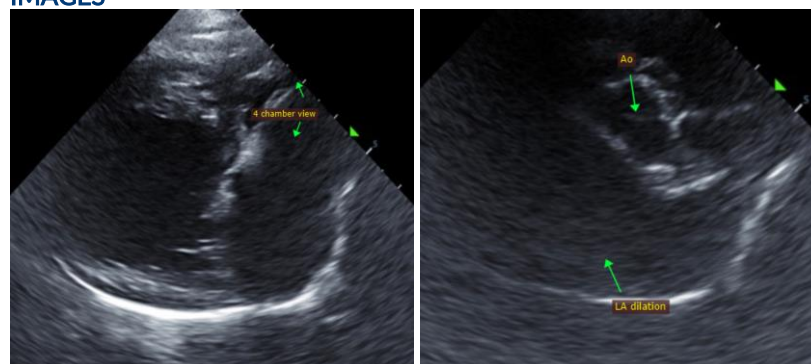
East Credit Veterinary
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A recheck echocardiogram is recommended in 6 months to screen for progression, sooner if clinical signs arise.

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IMAGES

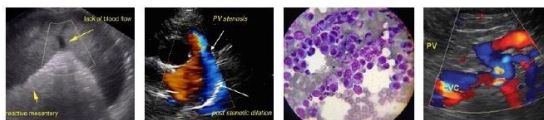


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Maggie Machen Lamy, DVM
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info@sonopath.com

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